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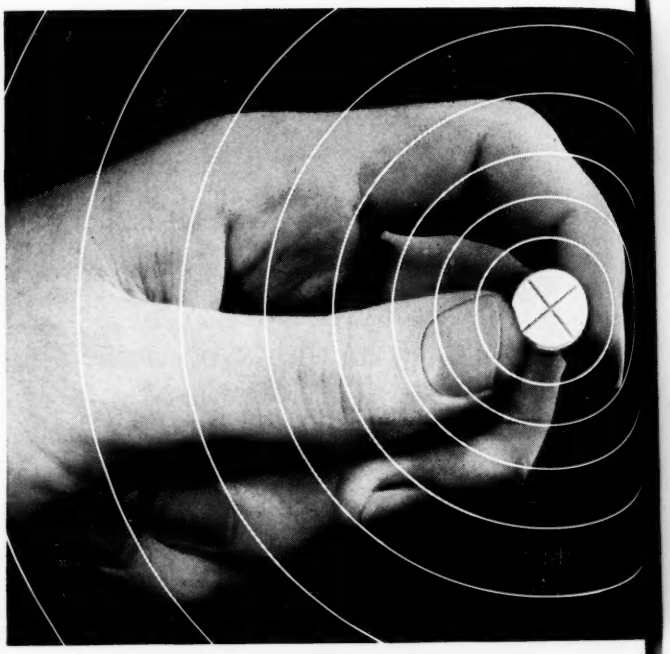

The RHODE ISLAND MEDICAL JOURNAL

VOL. XLI APRIL, 1958 NO. 4

# POST-TONSILLECTOMY AND ADENECTOMY DEAFNESS IN CHILDREN CAUSED BY NONSUPPURATIVE OTITIS MEDIA*

FRANCIS B. SARGENT, M.D., AND EDWIN B. GAMMELL, M.D.

The Authors: *Francis B. Sargent, M.D., Surgeon-in-Chief, Department of Otolaryngology; and Edwin B. Gammell, M.D., Surgeon, Department of Otolaryngology, the Pawtucket Memorial Hospital.*

THE TITLE REFERS to the time of the deafness and not its cause. A more complete title would be: *Subacute catarrhal otitis media occurring or recurring after the tonsil and adenoid operation.*

Subacute catarrhal otitis media is usually associated with disease of the nasopharynx, particularly adenoids. Recurrent attacks of deafness with fullness in the ears, and often otalgia, is the most common symptom of this condition. That adenoids are the usual cause of middle ear deafness in children is recognized and adenoidectomy is performed to afford relief. Less well known, because less publicized, is a similar deafness occurring after the T. & A. operation. This comes about largely because of a regrowth of adenoid tissue associated with allergy, a persistent nasopharyngeal infection, or a combination of the two. Treatment is directed to relieve the nasopharyngeal infection. The middle ear is inflated and paracentesis is frequently performed to evacuate middle ear fluid. Of course, the frequency of allergy is recognized, and all cases are examined to determine whether it is present and if so appropriate treatment is carried out. Sinusitis in children is often allergic in nature.

This study excludes deafness caused by suppurative otitis media, congenital and nerve deafness, and considers only deafness caused by nonsuppurative otitis media, treated by radium.

Deafness due to either suppurative or nonsuppurative middle ear involvement shows a loss of hearing for low tones. Formerly, suppurative otitis accounted for nearly all cases of this type in children. Fortunately, this has been nearly eradicated by antibiotics. Unfortunately, there has been a marked increase in deafness caused by the nonsuppurative type. The reason for this appears to be:

1) Too great a reliance on antibiotics in the treatment of acute otitis media. Paracentesis is seldom done, although many cases are only partially cured by the sulfas, myacins or penicillin. Resistant organisms persist in the nasopharynx.
2) By changing the bacterial flora, the antibiotics may contribute to a stubborn nasopharyngeal infection favoring adenoid regrowth and adhesions.

Whatever the cause, all too often, in from six months to two years following the T.&A. operation, deafness begins. One school of thought feels that the adenoid removal was not sufficiently thorough; the other school holds that it was too thorough, causing nasopharyngeal adhesions. The following study affords little support for either point of view.

We have a therapeutic agent which will relieve about 90% of these patients when used in conjunction with inflation of the Eustachian tube, and treatment of the nasopharynx and allergies. Radium is applied to the nasopharynx by a special applicator containing 50 mgm of radium screened with monel metal. Of the beta rays given off, 75% are absorbed in the adjacent 3 mm of tissue, and practically all is absorbed in the nasopharynx. In our series are 34 cases of deafness so treated; of which, for all practical purposes, 31 were cured. The ages of the patients ranged from 4 to 12 years. T.&A.'s had been performed from six months to five years before the appearance of deafness. There were at least 14 different operators, which means that about all of the techniques commonly employed in T.&A.'s were involved. There was a preponderance (58%) of cases done at the age of four or under; only six cases showed allergies.

Inflation of the tubes and treatment of the nasopharynx and nasal passages was instituted in every case. Radium was used according to the method described by Crowe. Screened with monel metal, 50 mgm of radium was placed over each fossa of Rosenmueller, and kept there for 12 minutes; this was repeated two weeks later. After six months, it

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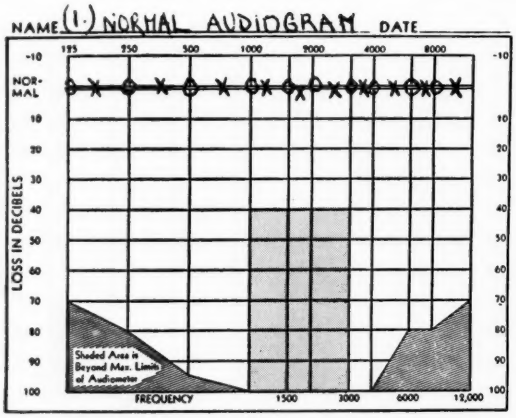
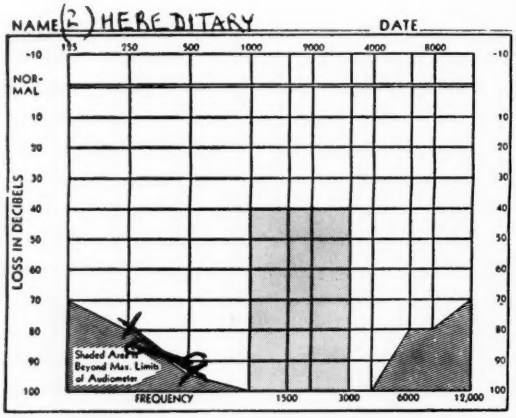
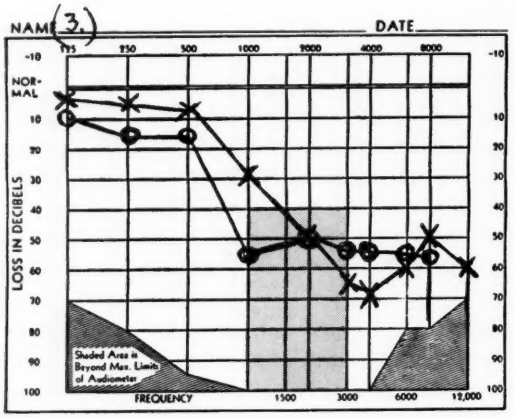
*Presented at the Dr. John F. Kenney Clinic Day of the Pawtucket Memorial Hospital Interns' Association, at Pawtucket, Rhode Island, November 6, 1957.




1) Normal. As an end result, this picture was approximated in 31 of the 34 cases (X = left ear, O = right ear).



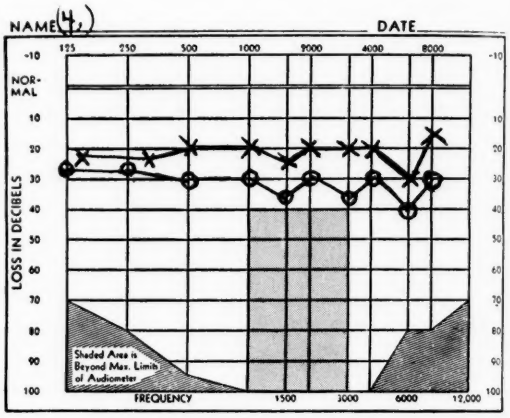

2) Congenital – rubella (X = left ear, O = right ear).



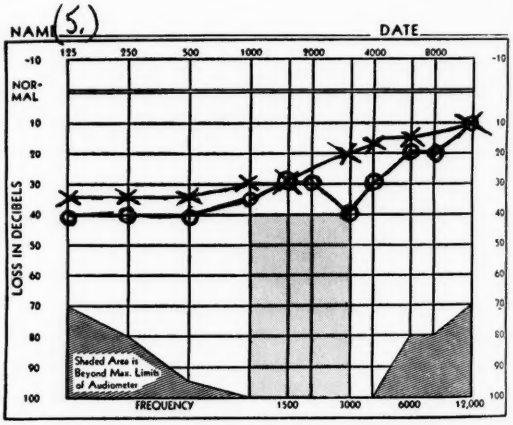

3) Nerve deafness – trauma (X = left ear, O = right ear).

is permissible to repeat this procedure, but we have not done so. If the mass of pharyngeal adenoid is large, this treatment is not employed. Surgical removal is then preferable.

The pure tone audiometer is used in following the course of these patients, to eliminate those who may be unsuitable.

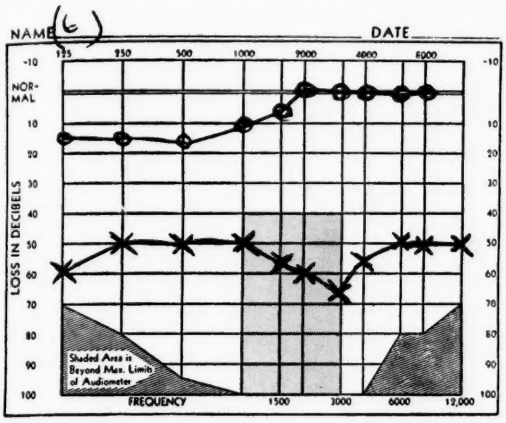



4) Typical secretory middle ear deafness, the type under consideration. This is a case before treatment (X = left ear, O = right ear).




5) Here is one of our failures, when middle ear adhesions were irreversible (X = left ear, O = right ear).

In conclusion, I wish to emphasize that this is a study of post T.&A. deafness in 34 children, and that it represents a very small percentage of tonsillectomies. Only those cases whose hearing responded to inflation are included. They are private patients whose parents gave unstinted cooperation. A similar list of clinic cases, now under study, will not show such favorable results. It does not include those cases in which the original T.&A. was done




**6) Another which came in six months after T.&A. It is possible that the tube was occluded by the operative procedure (X = left ear, O = right ear).**

for relief of deafness, except when the deafness recurred after months of relief, following the operation. Four cases fall into this group. This group study ended January 1, 1957. Only one case of recurrent deafness from this group has occurred during the succeeding ten months. This method of treatment appears far superior to repeated adenoidectomies or X-ray therapy in this type of patient.

## SUMMARY

1) Recurrence of adenoid tissue after operative removal is not unusual.

2) It frequently causes middle ear deafness.

3) Relief, after adequate treatment, is 90 per cent certain.

**EDWIN B. GAMMELL, M.D.**

Deafness in children has many causes and various degrees of severity, ranging from the child born totally deaf, to the one whose hearing loss can be picked up only by an audiometer. Under consideration in this present group are those whose hearing is below the normal range, by audiometric and/or other hearing tests, and in whom the basic impairment is due to a blockage of the Eustachian tubes from hypertrophied adenoid tissue, so that there is partial, or total failure of the Eustachian tube to ventilate the middle ear. This results in a hearing impairment that has usually been considered to involve mainly the low tones of the hearing range. However, audiometric testing has shown many cases where the high tones only were affected, and the difficulty is not the usual perceptive difficulty of auditory nerve impairment, but surprisingly is found to be due to adenoid hypertrophy. In other cases, the so-called mixed type of hearing loss, with involvement of both the high and low tones, is present. As a standard for all cases, the hearing test by audiogram is normal if the various tones are heard within ten decibels above or below the zero line.

Testing with tuning forks determines the type of hearing loss present, and usually gives a fairly accurate test of the child's reaction to individual sounds. Where there is question of involvement of the auditory nerve or higher centers, the child is tested with recorded words from specially prepared high fidelity phonograph records played on a carefully calibrated phonograph. This discloses those who are careless or inattentive, or where there is actual nerve impairment. The examiner is able to get a good general impression of the child's hearing from first, the history as given by the parents; second, the report of the child's progress, his conduct in school, kindergarten and at home; thirdly, the appearance and response of the child to conversation during the initial physical examination.

The type of case which is being discussed in this report comes with a history of having had the tonsils and adenoids removed; or when first seen, the tonsils and adenoids are found diseased and are removed; later, the parents bring the child back, and frequently are somewhat apologetic, but they now report that the child is thought, usually by others, to have a hearing problem. The family often try to attribute it to the inattention common to the age group of their child, to too great intentness with reading, television, or other entertainment, or in many cases, a card has been received from school, reporting that the child has failed the hearing test. The family gives the history of the tonsil and adenoid removal, plus any other intercurrent illnesses, and in some of the present group of cases, the surgery was done by the examiner, so that the exact status of the patient before and after the surgery is known.

At the initial examination, the ear canals, drum membranes, and middle ears are examined for any gross changes. The hearing is tested by tuning forks and conversation. The nasal passages and nasopharynx are examined before and after anesthesia and shrinkage of the nasal mucosa with cocaine solution. The nasopharynx is examined with a nasopharyngoscope which affords a view of the Eusta-

*continued on next page*

chian tube openings and the rest of the nasopharynx. Catheterization of the Eustachian tubes and inflation of the middle ears is done when indicated. The mouth and pharynx are examined and the nasopharynx visualized by a mirror held in the oropharynx. The child is then given audiometric tests by one of the office technicians, so that as impartial a report as possible is secured. Where there is a disparity between the tests, or the child is not cooperative, or becomes tired and inattentive, it is better to have him return for completion of the examination or for repeating any of the testing that is unsatisfactory or inconsistent with the history and/or other findings. The repeated experience of finding an undisclosed or undiagnosed nasal allergy, and the marked effect which it has on the results of the testing and the results of any type of therapy, has made it mandatory to attempt to ask pertinent questions of the parents, to prevent the confusion of blockage due to adenoid hyperplasia with blockade due to edema of the mucosa from a flare-up of the nasal allergy. However, it must be understood that the two frequently coexist, which makes it important to diagnose and treat the nasal allergy. The hypertrophy and regrowth of adenoid tissue in allergic children, with instances requiring multiple removals is well known, and consequently, the parents of such children who are about to undergo primary or secondary surgery of this tissue should be warned of this possibility before such surgery is performed. Similarly, the parents of children who have been selected for radiation treatment should also be warned of the possibility of a less than perfect result if the allergic condition is not treated and controlled.

Since Farrior[1] published his findings of lymphoid tissue scattered throughout the greater portion of the Eustachian tube, and other authors have described its effects at the lower portion of the tube, we must accept this basic pathology in order to evaluate some of the various opinions which have been expressed.

Since Crowe[2] and his group at Johns Hopkins University, first described the treatment of the recurrent adenoid tissue in the nasopharynx, and the results of their experiments and the treatment of these cases with a newly devised type of radium applicator, there has been gained a considerable amount of experience. The original work was started in 1924, and since that time many thousands of patients have been examined and treated for this condition. The presence of adenoid regrowth in the nasopharynx and Eustachian tubes, and the part played by this tissue in causing hearing impairment, is not recognized and not given its true importance by many physicians, including many of those physicians treating large numbers of children.

In 1946, Doctor Crowe reported that in 1,365 unselected children, from the public schools in Baltimore, adenoid regrowth was shown in more than seventy-five per cent of those whose tonsils had been removed before puberty. In forty per cent of these children, careful hearing tests revealed hearing impairment, and frequent infections of the respiratory tract were often present. The use of radium therapy in these children had given excellent results where the proper indications were followed. Many of the children in that series, showed improvement in their tolerance for respiratory infections, as an additional finding after treatment.

During World War II, the Army Air Forces were forced to set up a program for treatment of Eustachian tube obstruction because of the severe difficulties which the flyers had with their ears. The different Air Forces gave hundreds of treatments with no complications.

Garland, et al.[3] have expressed the opinion that X-ray therapy is preferable and gave their results at sixty to ninety per cent. However, this series has been criticized, as it has been felt that the analysis of the report was difficult, and evaluation of the results was open to question.

The use of X-ray therapy for these cases has been somewhat disappointing. The recent report by Clark,[4] in which the possibility of the later development of cancer in the thyroid, when children have had radiation therapy, makes us inclined to lean more toward the use of the radium applicator, where the small area of difficulty can be treated without the use of a considerable amount of exposure to normal tissue. The follow-up on the group first treated in Baltimore, and the physicians who administered the treatment there, have shown no instance of any cancer produced by the radium applicator.

Articles by Baron,[6] Boies,[7] Day,[8] and others, have shown their opinions not to be in favor of radiation therapy. However, the recent study by Adams[9] has shown that ninety per cent of the cases of this type of hearing loss were successfully treated by careful removal of the tonsils and adenoids. Eighty-three cases that were not successful by surgery were treated by the radiation, with recovery in sixty-three cases. His article has one statement that bears repeating, "The first measure is a careful tonsil and adenoid operation." He goes on to say that if this fails, irradiation, in his hands, has proved successful in seventy-five per cent of the cases.

You have just heard the excellent results shown by Doctor Sargent in his group of patients. Thirty-one patients which have been under my private care during the past few years are being reported, with some of the more interesting ones in detail. This group consists of eighteen female and thirteen male patients, the ages varying from five to eighteen years. The treatment schedule was decided accord-

ing to the response to therapy and consisted of from one to five treatments. The 50 mgm. radium applicator made of Monel was used in all of these patients and the treatment time varied from eight and one-half minutes in the earlier patients, to eleven minutes to each side of the nasopharynx with the later treatments, after evidence had been presented that this might be the more efficacious. While the results have been satisfactory in most of the cases, there have been four cases in this series in which the results were not satisfactory and they are presented in more detail.

N. L., a nine-year-old girl, showed a hearing difficulty which was more severe on the left by testing at school and this was repeated in the office. Huge tonsils and adenoids were felt to be the cause of her difficulty and were removed. There was no improvement at this time, and the testing and examination seemed to indicate the possibility of benefit from radiation, but this did not occur. Three radium treatments were given, and after following the patient for a long time, the possibility of the hearing loss being of another origin must be considered in spite of the repeatedly confirmed findings.

A second patient, B. M., was seen at the age of five years, with a history of a hearing drop since the age of eighteen months. The mother reported that the child had sustained a blow on the back of the head at the age of six months, with negative X-ray findings. Examination showed severe Eustachian tube obstruction, and a careful removal of the tonsils and adenoids was done. Three months later, the hearing in both ears was practically normal. When the patient was returned a month after this visit, with another drop in hearing and signs of obstruction of both Eustachian tubes, a severe allergic rhinitis was present; after this was controlled by medication, the patient was given three radium treatments, with return of the hearing to normal. At a recent examination, the child again showed hearing loss, but this time it was present in only one ear and the suspicion that he had not been following the course of therapy for his allergy was confirmed. The opposite ear showed normal hearing.

M. M. was first seen at the age of four and one-half years, with huge tonsils and adenoids and a history of repeated infections. After their removal, she had a normal recovery and did well for two years, when she returned with a history of ear difficulty which was worse with colds. Because of the acute disturbance in both ears, she was seen by a consultant, who advised a secondary adenoidectomy, which was performed. The hearing was slow in improving, the ears showed continued retraction and there was some old blood in the middle ears which did not clear with the usual treatment. At this point, it was found that the mother had been putting the child's wet hair up each night during her entire illness and this was finally forbidden. Because of the extensive amount of adenoid regrowth which was found within a period of six months, the patient was referred for X-ray therapy to the nasopharynx; four treatments were given at that time. Only mild, temporary improvement was noted, and the patient was referred to another center, where complete testing and consultation were secured. A hearing aid was recommended, but not accepted by the parents. Since there was still evidence of obstruction of the Eustachian tubes, one radium treatment was given to each Eustachian tube opening. Following this, the child had an acute otitis media in one ear and so a myringotomy was done and following this, there was general improvement. With the continuous use of medication for her multiple inhalant allergies, the incidence of infection dropped and the hearing returned to its normal level in both ears. Subsequently, over an eighteen months' period, the hearing went up and down, according to the amount of allergic swelling present at any time. Subsequent examinations showed a large amount of adenoid blocking of both Eustachian tubes, and another adenoidectomy was necessary. The hearing now is within the normal range most of the time, but it drops to extremely low levels whenever the allergic rhinitis produces swelling of the entire upper respiratory tract.

B. S., a seven-year-old boy, was first seen in consultation because of hearing defect and mouth breathing. There was a considerable drop in the hearing in both ears; a huge amount of adenoid tissue and large tonsils were removed. Six weeks after operation, the hearing had improved for the lower tones in both ears, but the high tones still showed impairment. Because of this, he was given five radium treatments to the nasopharynx during the next six months, but in spite of this large dosage of radiation, the adenoid was only partially controlled, and it was necessary to do a secondary adenoidectomy. Following this operation, there was slight improvement in one ear, and more improvement in the other, but the high-tone loss was maintained. Although no history of trauma, high fever, or reaction to medication could be elicited, there is still impairment for the high tones.

The importance of allergy in these patients cannot be overemphasized. Because of the known tendency of allergic children to regenerate lymphoid tissue in the nasopharynx, it is important for the operating surgeon to caution the parents that the possibility of adenoid regrowth in an allergic child is always present. In this group of patients, eleven of the thirty-one, are known to have moderately severe allergic difficulties and the hearing has been shown to be poor during the allergic upsets and greatly improved during the non-allergic periods. Because of this, the time when hearing tests are

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# THE CRIPPLED CHILD AND MEETING STREET SCHOOL

JOHN E. FARRELL, SC.D.

The Author: *John E. Farrell, Sc.D., Executive Secretary, the Rhode Island Medical Society and the Providence Medical Association; Member of the Board, Crippled Children and Adults of Rhode Island.*

IN THIS SOCIAL ERA when the plight of persons with physical disabilities is receiving increasing consideration, and when public and private agencies are developing aid programs in co-operation with the medical profession, the pattern established by the Rhode Island Society for Crippled Children and Adults, mainly through its widely known Meeting Street School, warrants attention.

When this Society was incorporated in 1946 it was singularly fortunate in securing as its executive director a woman with outstanding talent and ability for the task at hand. The wife of a prominent pediatrician, Mrs. John Langdon was to bring to this project a leadership and enthusiasm that has marked the past decade as one of the brightest chapters in the state's history of voluntary efforts in behalf of crippled children. Not every organization in the health and welfare field can be as fortunate in securing such a leadership. All can, however, study to advantage the development of close liaison with the physicians of the state which has resulted in the co-operation that has brought this Society national attention for its effective work.

The building known as Meeting Street School, one of the oldest structures in the city of Providence and one of its first school buildings, was secured on loan from the School Department in 1947. It leaves much to be desired as a central unit for the program the staff seeks to expand in the interests of the children of the state. The success that has been achieved merely emphasizes anew that a truly enthusiastic and dedicated staff of workers can achieve greatness in humble surroundings.

With the acquisition of the school building the Society's directors recognized the wisdom of the incorporators that the organization should not spread itself too thin by taking on too many activities in the service of crippled persons, and they agreed to approach the problem of aiding the child afflicted by cerebral palsy, with the understanding that the services to be rendered should not duplicate those of any already established agency, public or private.

### *Medical Co-operation Basic*

Firm in the belief that complete co-operation with the physicians of the state would not only be desirable, but necessary, the Society from the beginning of its project at Meeting Street School developed all phases under constant medical supervision. The improvement of the child was the objective. Meeting Street School offered the facility and technical staff. The clinical treatment and research must be by physicians, and no child or adult would be admitted to the School for diagnosis and evaluation, or service of any kind, without written medical referral from a private physician or a hospital clinic.

When the family doctor refers a child to the School for a complete evaluation, a letter is immediately sent to that physician that he may be informed when the evaluation will be made, and he is personally invited to attend the staff conference on his patient at the designated hour. He is informed that the study will include a complete medical examination, developmental and/or psychological evaluation, social history, physical therapy, occupational therapy and speech therapy evaluations. No recommendations of the staff are carried out without approval of the referring physician, thus permitting him to decide what consultants he desires to act on the recommendations, either those affiliated with the School, or others.

Even if the referring physician does not attend the evaluation session he is sent a report of the recommendations advised, and if he does not notify the School of his decision, the child's evaluation report is then discussed with the parents.

This report includes the results of:

1) Pediatric-neurologic examination by the medical director or the associate medical director of the School;
2) Functional evaluations made by the physical therapist, the occupational therapists, and the speech and hearing therapist;
3) The detailed medical and social history by the social worker;
4) The psychological examination by the clinical psychologist;
5) The result of the full staff conference following the individual examinations noted above which is submitted to the referring physician in a letter setting forth recommendations and written summaries by each staff member.

### *Referring Physician Decides*

The physician referring the child to the School must decide what action is to be taken on the staff's recommendations. If acceptance of the child at the School depends upon further medical diagnostic studies, the family physician making the referral must see that they are carried out, not Meeting Street School. Reports of such additional medical work-ups are sent to the School, or, if done by the School staff, to the referring physician. The costs of such work-ups are discussed with the family ahead of time.

The School does not admit individuals to any hospital, as it maintains this is a matter involving the referring doctor and the hospital of his choice.

If the child can be aided with individual appointments with the School's therapists, as in the case of infants and school-age children, or by membership in one of the four preschool groups meeting two days a week, he is admitted after or simultaneously with any further diagnostic studies recommended.

Therapists check directly with the referring doctor during the year, as necessary, and yearly progress reports are submitted to him. In this connection the School requires that each year the children have a checkup by a doctor of their own choice, or at an approved clinic, preferably before returning to Meeting Street School in the fall. The School provides special physical examination blanks to the parents for this purpose.

### *Alerting the Parent*

The concern of the parents is paramount, and the School makes every effort to reach a complete understanding with them as soon as the child is referred for evaluation. An informative letter is sent immediately explaining what the Society's role in the community is, how the child will be examined on the first visit to the School, and that the staff recommendations on the child's future program will be sent to the family doctor with whom they should discuss the matter within two weeks after the initial visit to the School.

If the child is to be admitted to Meeting Street School the parent is given a complete explanation of the therapies to be carried out, either individually or in a group program, and the parents themselves are automatically enrolled as members of the Parents' Association that they may become intimately acquainted with the problem they too face in assisting in the recovery of their child during his home life.

The parents are also clearly informed the reason that the School makes a nominal charge for all its services (which are scaled downward as necessary in individual cases) even though the Society maintains its program by voluntary donations received in its Easter Seal Campaign for Crippled Children. The fees assessed do not begin to pay the actual cost of treatment, and they are imposed mainly to give parents an opportunity to share directly in their own child's treatment program. Thus a first evaluation that requires two appointments for the various evaluations noted above calls for a $12 fee for Rhode Island and nearby Massachusetts residents, and $25 for out-of-state residents. Individual appointments of half-hour duration involving the child alone, or with the parent so that he or she too may be taught what to carry on at home during appointments, call for a $2 fee. One dollar is charged each time a child attends a group therapy session whereby he may get physical therapy in a play setting, occupational therapy centered around learning self-care, or communication and language development through speech experiences.

The actual income from fees in a given year approximates $1,800, which is 3% of the Society's annual budget.

### *A Decade Later*

The effective co-operation in this public service program is reflected in the increasing knowledge regarding cerebral palsy that has been presented by a medical staff, headed by Doctor Eric Denhoff, that has benefited from the encouragement in its work by physicians throughout the state. The clinical reports stemming from Meeting Street School programs have attracted world-wide interest, but best of all, they indicate a successful approach to a major health problem that can only be solved by clear understanding of the goal sought, by enthusiastic cooperation of all community groups, and by dedicated medical and allied professions.

### WORTHY OF REPETITION

**"A third way in which we have drifted is by submitting to rule by administrative agencies of the Government. The laws which Congress does pass do not always mean what they seem to mean. The huge bureaucracy of government, which has spread like an Asian flu epidemic, interprets the laws and issues the regulations under which we must live. Often the interpretation and the regulations are at sharp variance with the intent and will of Congress. . . ."**

**— From an address delivered by ERNEST G. SWIGERT, *President* of the National Association of Manufacturers, to the Congress of American Industry in New York City, December 4, 1957**

**Be at the Annual Meeting**

**May 13 and 14**

# FUTURE CONCEPTS OF THE TEACHING OF MEDICAL TERMINOLOGY*

ALFRED C. PASCALE, B.S., M.A.

The Author: *Alfred C. Pascale, B.S., M.A., of Warwick, Rhode Island. Guidance Counselor, Warwick Memorial High School.*

THE IMPORTANCE of the medical assistant increases daily. Physicians have recognized the value of the nurse, the medical secretary and the laboratory technician in their office practice, as the hospital has found indispensable, the nurse, the medical record librarian, the technician and numerous other medical assistants.

These medical assistants have assumed from the physician many duties which alleviate his burdensome functions, thus enabling him to concentrate more fully on the significant aspects of medicine.

The training of medical assistants is relatively new, and colleges by the score are offering this specialized training to meet the demands of the medical profession; but this investigator has found little research conducted in the field of medical terminology. This is indeed surprising inasmuch as numerous studies reveal that knowledge of vocabulary indicates competency in a given field.

There are several medical terminology textbooks on the market, but no author can claim that the terms he utilized in his text have any scientific basis for their inclusion. Therefore, many texts include terms which are rarely or never utilized by the physician in his practice.

This investigator, then, as his dissertation requirement for the Doctor of Education degree at Boston University, chose to conduct a study to improve this situation. Its title is: *A Study to Determine the Most Commonly Dictated Medical Terms in Hospital Medical Records for the Improvement of the Educational Preparation of Medical Assistants.*

The purpose of this study is to find the most commonly used terms in the specialized fields of medicine which will improve the educational preparation of medical assistants. The results of this pioneer study will also enable other investigators to evaluate and revise present medical terminology textbooks and courses, as well as guide authors who plan to write new medical terminology texts. The results of this study can be used to prepare a diagnostic, achievement and/or employment test; (1) for colleges, to determine the strength of their medical terminology course, and (2) for hospitals and physicians, to determine a prospective employee's knowledge of medical terminology. It is anticipated that this investigator, utilizing the findings of this study, will write a reference handbook and a medical typewriting text for medical record librarians and medical secretaries.

The justification for this study is readily apparent. Several studies show that unguided vocabulary learning increases the difficulty of a subject. By confining vocabulary learning to the most commonly used terms, it is possible to improve this situation, and thereby make learning more effective. Another important justification is to enable schools to provide better training for medical assistants, enabling them to adjust to their new positions with less difficulty, a potent advantage to the employing hospital or physician.

### *Research Procedure*

The American Medical Association's *Standard Nomenclature of Diseases and Operations,* which is a coding and filing system used by more than 70 per cent of all approved hospitals in the United States, will be utilized as a basis to sample all types of diseases and operations. The major coding system is as follows:

0—Body as a whole (including the psyche and the body generally), not a particular system exclusively.
1—Integumentary System (including the subcutaneous areolar tissue, mucous membranes of the orifices and the breast).
2—Musculoskeletal System
3—Respiratory System
4—Cardiovascular System
5—Hemic and Lymphatic Systems
6—Digestive System
7—Urogenital System
8—Endocrine System
9—Nervous System
X—Organs of Special Sense

In an effort to further improve the sampling, the following subjects will be included: Bacteriology,

*Presented at the Annual Meeting of the Rhode Island Association of Medical Record Librarians, May 1, 1957, at Providence, Rhode Island.

Dentistry, Laboratory Procedures, Pathology, and Radiology.

The participating hospitals in this study will be the Rhode Island Hospital, St. Joseph's Hospital and the Rhode Island State Hospital for Mental Diseases.

The sampling technique to be employed will be the collection of the first two case histories of patients admitted to the hospital each month for two years, for each of the items in the schema of classification shown above. This will number 816 cases and approximately 325,000 running words.

The typewritten words found in each case history's Admission Notes, Operation Notes, Discharge Summaries, Pathological Reports and Consultation Notes will be typewritten on a continuous tape, according to the following tabulation procedure:

(1) All terms included in Blakiston's, NEW GOULD MEDICAL DICTIONARY, will be tabulated for frequencies, with the exception of the 9,200 most commonly used terms listed in Thorndike and Lorge's THE TEACHER'S WORD BOOK OF 30,000 WORDS, which will be tabulated only once.

(2) To tabulate the frequencies of medical phrases,

(3) To tabulate the frequencies of medical abbreviations,

(4) To tabulate the frequencies of weights and measures,

(5) To List the Standard Nomenclature code number for each case tabulated, and

(6) To list the primary and secondary discharge diagnoses of each case tabulated.

The next step in this research procedure will be to code every term taken from the case histories before cutting and separating terms in preparation for the analysis. This code will show the field from which the terms were taken, the date of the case history, the major nomenclature code number, and from what part of the case history the term was taken—Operation, Discharge Summary, and so on.

Although this study is being conducted on the local level, an effort will be made to illustrate conclusively that the terminology used by the physicians in this area is prevalent universally, and represents the result of many years of successful medical practice. This investigator will use as a validation aid the geographic location of the training institution, the hospital of internship training, the hospital of residency training, and the total number of years of active medical practice for all the physicians participating in this study. It is anticipated that the results of this analysis will universalize the conclusions of this project.

Having tabulated the terms, the next step in the sequential pattern of the research procedure is the analysis of these terms. This will be accomplished by scrutinizing and assigning the terms to the following lists:

a. *The specialized fields of medicine:*

(1) As no commonly accepted list of the medical specialities exists at the present time, this investigator will request a list of the specialties utilized by six of Boston's largest general hospitals. These lists will be analyzed and a common list of medical specialties will be derived from them.

(2) The coding technique utilized will enable this investigator to prepare a list of the most commonly dictated medical terms in each of the specialties in the medical profession.

b. *The most commonly used terms in the field of medicine:*

All terms will be combined and listed alphabetically with a code to show the field from which the word was taken as well as the ranking of the term in its specialized field. This list will also include the general medical word list and the words which were commonly found by Thorndike.

c. *The most commonly used phrases found in the study.*

d. *The most commonly used abbreviations found in the study.*

e. *The most commonly found diseases and operations found in the study.*

f. *The most commonly used weights and measures found in the study.*

g. *Prefixes and suffixes incorporated in words found in the study and which appeared most frequently.*

h. *The most commonly used descriptive terms and phrases found in the study.* Examples: descriptive colors, descriptive words designating the site of diseases, etc.

i. *The most commonly used names and types of:* incisions, sutures, arteries, veins, bones, muscles, dressings, drains, ligaments, nerves, diets, vitamins, fractures, bandages, therapy and treatment, and others.

## SUMMARY

A great deal of interest and enthusiasm has been aroused, both locally and nationally, since the inception of this study. This study will further serve to exemplify the high educational standards and

*concluded on page 205*

# 18th ANNUAL CONGRESS ON INDUSTRIAL HEALTH

## A Summary Report

STANLEY SPRAGUE, M.D., *Chairman*
*Committee on Industrial Health, Rhode Island Medical Society*

THE EIGHTEENTH annual Congress on Industrial Health sponsored by the Council on Industrial Health of the American Medical Association, was held at Milwaukee, Wisconsin, January 27-29. In the opinion of this delegate the meeting was not as well attended as previous ones held in recent years. The program was well balanced, and the panel discussion on problems on industrial dermatoses was exceptionally well presented.

Prior to the opening of the general sessions, the annual conference of chairmen of state industrial health committees was held at which interesting reports were submitted. Doctor B. Dixon Holland, new secretary of the A.M.A. Council on Industrial Health, gave a detailed report of the Council's activities during the past year, noting in particular the following:

1. The establishment of an Occupational Health Committee in conjunction with the American Hospital Association in the interest of hospital employees.
2. The work of the Committee on aviation medicine which will formulate directions for physicians for examinations of candidates and members of the Civil Aeronautics Authority, and under such qualification the doctor would become a *Civil Air Surgeon.*
3. The Committee on industrial nursing is continuing to work on many problems of current interest.
4. The Committee on education is arranging courses for physicians who wish to qualify for a degree in industrial medicine.
5. The Committee on industrial care of workers is reviewing third party relationships.
6. Various subcommittees are working on such matters as legislation regarding free choice of physician, epidemiological conditions in various industries, fluorescent lighting (which is not harmful); neurological conditions in industry, and a projected formation of a committee on mental health in which both the Industrial Medical Association and the A.M.A. are concerned.

### *I.M.A. Secretary Reports*

Doctor Holmblad, speaking for the Industrial Medical Association, related some of the personal services rendered to the membership by his office, particularly relative to establishing desirable medical facilities in industry. He reports the Association has a joint committee on medical certification with the A.M.A., and a committee on industrial practice which has been publicized in the newsletter to the members.

Doctor Holmblad urged more activity by industrial health committees at the local county levels, relating that a pilot survey of ninety-two counties showed only eight had such committees. He also advocated that county societies seek to have meetings at industrial plants in order to become better acquainted with the health facilities offered.

### *Doctor Baker Nominated for Award*

A total of 37 nominations were received of which 13 were given special consideration before the final selection of Doctor Lenox D. Baker, director, department of orthopedic surgery at Duke University, as the choice to receive the president's Committee on Employment of the Physically Handicapped award, given to the doctor who has made an outstanding contribution to the welfare and employment of the nation's physically handicapped men and women.

### *State Committee Reports*

A summary of reports for 1957 of committees on industrial health was distributed to state chairmen. In addition, several chairmen made oral reports of general interest. Indiana expressed interest in a single committee to be known as a committee on public health which would encompass such special interests as now undertaken by committees on diabetes, loss of hearing, sight, infectious diseases, industrial health, polio, etc.

The Oregon committee reported a poison control system whereby in case of poisoning, free telephone service is available to the state toxicology bureau to secure explicit directions for the help needed, and to communicate the information to the nearest physician.

Utah reported the establishment of a committee of internists, as a legislative act, who will function at the call of the chairman of the workmen's compensation commission in establishing a code for the evaluation of heart cases and also traumatic injuries. The result has been that in the past 250 cases of such disabilities in Utah, no case has had to come before the Commission for a formal hearing.

Other good suggestions made by chairmen present included the availability of industrial physicians as speakers before civic group meetings, union meetings, etc., stressing the value of occupational health, the cost of equipment, nursing services, etc., and indicating the financial savings in preventing loss of time from work by such services.

### *Occupational Dermatoses Study Outstanding*

The highlight of the first day of the Congress meeting was the session on current problems of occupational dermatoses. The panelists, all dermatologists, spoke clearly and their presentations were highly educational. They pointed out the many dangers to the skin of many different materials used in industry. Oil folliculitis was one of the more prominent dangers, although it was noted by one speaker that each new chemical brought into use by industry may help to spread causes of dermatitis. The chromates, chlorazenes, radiations, sunlight plus drugs, infrared rays, diethylstilbestrol — all were cited in the presentations. The general attitude of the entire panel was that extreme care should be exercised in handling industrial dermatoses.

Another fine panel presentation was that on the subject of low back pain. This group expressed the opinion that every worker should have a complete spinal study with X rays prior to being employed. One speaker even advocated X rays not only for workers but also for all athletes (to establish any congenital defects).

The public and professional relations in occupational health was the subject of another panel discussion, while a fourth group presented a review and discussion of the underlying philosophies and current concepts of disability.

### *A.M.A. President Addresses Conference*

Doctor Gunnar Gunderson, president of the American Medical Association, addressed the Congress at the annual dinner, stressing the apparent danger that exists in the extension by large industries of their medical service programs to the family of the worker, thus usurping many services heretofore entirely in the province of the family physician.

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## POST-TONSILLECTOMY AND ADENECTOMY DEAFNESS IN CHILDREN

*concluded from page 195*

taken, and their relation to the patient's allergic state, must be known in order to interpret the need for treatment of the allergy, of the adenoid regrowth, or of both. Control of the allergies by antihistamines, desensitization, or the avoidance of food or of contact allergens makes, many times, the difference between normal hearing and severe deafness in these patients.

## SUMMARY

The use of radium therapy for treatment of hearing impairment in children caused by adenoid hypertrophy and regrowth around the opening of the Eustachian tubes has been proven to be effective, when the cases are selected carefully. The treatment is safe for both patient and doctor; the use of over 2,000 of the applicators, and the administration of many thousands of treatments, without injury to either patient or physician, is of the utmost importance. The relation of allergy to this subject, and the important part it plays, has been described in some of the case reports. Surgery, for the removal of large amounts of adenoid regrowth, is still necessary, but the use of radiation for the smaller regrowths in and about the Eustachian tubes, is much to be preferred in these young patients and is safer, in our hands, than repeated surgical attacks upon this very delicate area.

It will be seen from the above cases that there is no simple answer to these problems, because of the diversity of the findings, but most of these patients have returned to hearing which is within the serviceable range, by the use of this therapeutic agent.

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# ELIMINATE POLIO!

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
*Public Health Service*
Washington 25, D. C.

January 14, 1958

Dear Doctor:

I am inviting your attention to a recent report from the Communicable Disease Center of the Public Health Service concerning age — specific poliomyelitis attack rates in the United States during 1957.

The report presents preliminary figures for 1957 through October. Estimated attack rates for paralytic poliomyelitis by age indicate that during 1957, children up through age 4 experienced substantially higher attack rates than the balance of the population, just as was the case in 1956. We have all been aware of the need for special effort in providing vaccinations for pre-school children. However, these preliminary data for 1957 indicate that, in my opinion, even greater emphasis should be concentrated in vaccination programs for the younger children.

The summary of the Communicable Disease Center's recent polio surveillance report notes that the highest attack rate of all, 5.7 per 100,000, was experienced by children aged one year, with the next highest rate of 5.5 in children aged 2. For all children through age 4 the attack rate averaged 4.4 per 100,000, whereas much lower attack rates were apparent in older age groups. Thus, the estimated rate for age 5-19 was 1.4 and for age 20-39, 0.8.

Further preliminary information summarized in this brief report indicate that the large majority of paralytic cases are occurring in non-vaccinated persons.

The Public Health Service, in cooperation with the American Medical Association, National Foundation for Infantile Paralysis, and other groups, is planning an intensification of its efforts to promote vaccination of all persons up through the age of 40 during the spring months. It is my thought that physicians caring for younger children may wish to stress the importance of immunization of parents also.

Let me assure you that the Public Health Service stands ready to assist in any special campaign which your organization may wish to undertake in promoting the use of poliomyelitis vaccine as an important health measure.

Sincerely yours,
/s/ LEROY E. BURNEY
*Surgeon General*


# DOCTORS NEED REMINDERS TOO

*make a note to send for your* **polio reminder cards** *today.*

Remember—every unvaccinated person under 40 should receive one of these reminder cards from his doctor.

**Just fill in the coupon and mail it to**

Public Relations Department
American Medical Association
535 N. Dearborn Street
Chicago 10, Illinois

please send me

_____ copies of the **A** Salk series reminder cards.
indicate quantity

_____ copies of the **B** Third shot reminder cards.
indicate quantity

NAME_____

ADDRESS_____

CITY_____ ZONE_____ STATE_____

# ON EXPERIMENTAL SCIENCE

LOUIS PASTEUR

TO WILL is a great thing, for Action and Work usually follow Will, and almost always Work is accompanied by success. These three things, Will, Work, Success, fill human existence. Will opens the door to success both brilliant and happy; Work passes these doors, and at the end of the journey Success comes to crown one's efforts. And so, if your resolution is firm, your task, be it what it may, is already begun; you have but to walk forward, it will achieve itself. . . .

The cultivation of Science in its highest expression is perhaps even more necessary to the moral condition than to the material prosperity of a nation.

Great discoveries—the manifestations of thought in Art, in Science and in Letters, in a word the disinterested exercise of the mind in every direction and the centres of instruction from which it radiates, introduces into the whole of Society that philosophical or scientific spirit, that spirit of discernment which submits everything to severe reasoning, condemns ignorance and scatters errors and prejudices. They raise the intellectual level and the moral sense, and through them the Divine idea itself is spread abroad and intensified.

Science should not concern itself in any way with the philosophical consequences of its discoveries. If through the development of my experimental studies I come to demonstrate that matter can organize itself of its own accord into a cell or into a living being, I would come here to proclaim it with the legitimate pride of an inventor conscious of having made a great discovery, and I would add, if provoked to do so, "All the worse for those whose doctrines or systems do not fit in with the truth of the natural facts."

It was with similar pride that I defied my opponents to contradict me when I said, "In the present state of science the doctrine of spontaneous generation is a chimera." And I add, with similar independence, "All the worse for those whose philosophical or political ideas are hindered by my studies."

This is not to be taken to mean that, in my beliefs and in the conduct of my life, I only take account of acquired science; if I would, I could not do so, for I should then have to strip myself of a part of myself. There are two men in each one of us: the scientist, he who starts with a clear field and desires to rise to the knowledge of Nature through observation, experimentation and reasoning, and the man of sentiment, the man of belief, the man who mourns his dead children, and who cannot, alas, prove that he will see them again, but who believes that he will, and lives in that hope, the man who will not die like a vibrio, but who feels that the force that is within him cannot die. The two domains are distinct, and woe to him who tries to let them trespass on each other in the so imperfect state of human knowledge. To his adversaries on the doctrine of fermentation:

What is then your idea of the progress of Science? Science advances one step, then another, and then draws back and meditates before taking a third. Does the impossibility of taking that last step suppress the success acquired by the two others? Would you say to an infant who hesitated before a third step, having ventured on two previous ones: "Thy former efforts are of no avail; never shalt thou walk?"

You wish to upset what you call my theory, apparently in order to defend another; allow me to tell you by what signs these theories are recognized: the characteristic of erroneous theories is the impossibility of ever seeing new facts; whenever such a fact is discovered, these theories have to be grafted with further hypotheses in order to account for them. True theories, on the contrary, are the expression of actual facts and are characterized by being able to predict new facts, a natural consequence of those already known. In a word, the characteristic of a true theory is its fruitfulness.

The boldest conceptions, the most legitimate speculations can be embodied but from the day when they are consecrated by observation and experiment. Laboratories and discoveries are correlative terms; if you suppress laboratories, Physical Science will become stricken with barrenness and death; it will become mere powerless information instead of a science of progress and futurity; give it back its laboratories, and life, fecundity and power will reappear. Away from their laboratories, physicists and chemists are but disarmed soldiers on a battlefield.

The deduction from these principles is evident: if the conquests useful to humanity touch your heart—if you remain confounded before the marvels of telegraphy, of anaesthesia, of the daguerreotype, and many other admirable discoveries—if you are jealous of the share your country may boast in these wonders—then, I implore you, take some interest in those sacred dwellings meaningly described as laboratories. Ask that they may be multiplied and completed. They are the temples of the future, of riches and of comfort. There humanity grows greater, better, stronger; there she can learn to read the works of Nature, works of progress and universal harmony, while humanity's own works are too often those of barbarism, of fanaticism and of destruction. . . .

Keep your early enthusiasm, dear collaborators, but let it ever be regulated by rigorous examinations and tests. Never advance anything which cannot be proved in a simple and decisive fashion.

Worship the spirit of criticism. If reduced to itself, it is not an awakener of ideas or a stimulant to great things, but, without it, everything is fallible; it always has the last word. What I am now asking you, and you will ask of your pupils later on, is what is most difficult to an inventor.

It is indeed a hard task, when you believe you have found an important scientific fact and are feverishly anxious to publish it, to constrain yourself for days, weeks, years sometimes, to fight with yourself, to try and ruin your own experiments and only to proclaim your discovery after having exhausted all contrary hypotheses.

But when, after so many efforts, you have at last arrived at a certainty, your joy is one of the greatest which can be felt by a human soul, and the thought that you will have contributed to the honour of your country renders that joy still deeper. . . .

I should say that two contrary laws seem to be wrestling with each other nowadays; the one, a law of blood and of death, ever imagining new means of destruction and forcing nations to be constantly ready for the battlefield—the other, a law of peace, work and health, ever evolving new means of delivering man from the scourges which beset him.

The one seeks violent conquests, the other the relief of humanity. The latter places human life above any victory; while the former would sacrifice hundreds and thousands of lives to the ambition of one. The law of which we are the instruments seeks, even in the midst of carnage, to cure the sanguinary ills of the law of war; the treatment inspired by our antiseptic methods may preserve thousands of soldiers. Which of these two laws will ultimately prevail, God alone knows. But we may assert that French Science will have tried, by obeying the law of Humanity, to extend the frontiers of Life.

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## FUTURE CONCEPTS OF THE TEACHING OF MEDICAL TERMINOLOGY

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practices, as well as the interest in research of the Rhode Island Medical Society; it will also enhance the standing of the medical assistants who have aided in achieving an excellent reputation for the professional medical services offered in the State of Rhode Island.

### VI. THE COST OF "MEDICAL CARE"

**One of the major semantic blights that has fallen on the medical profession is that which makes the doctor the symbol for high costs of everything connected with sickness.**

**The term "medical care" has far outgrown its original — and pure — denotation: the professional services of physicians and surgeons. "Medical care" now loosely embraces every factor involved in the services, facilities and things attendant upon illness — doctors, nurses, hospitals, drugs, appliances. Not yet included in this array of factors in the high cost of medical care is lost earning capacity. Should this, *too*, be laid at the feet of medicine as "medical care?"**

**When confronted with this explanation, both the patient and the doctor profess to a full understanding of it. Yet, until it is thus brought into sharp focus, the minds of both have fixed responsibility for all costs upon the symbol of medical care — the doctor. Because this is unrealistic, is contrary to fact, the doctor inevitably suffers a feeling of failure in this assumption of total responsibility. He is constantly apologetic to patients in his explanation of other costs. And this is matched by the patient's feeling that the doctor has failed in his responsibilities. The end result is to blame medicine for the high cost of sickness.**

**The only portion of the complex field of health resources that is under the absolute control of the doctor is his own service. In this, doctors can and should accept full responsibility for costs. As for those costs in comparison with the other costs of sickness today, they represent no greater, in many cases less a burden to the family economy than they did in the days of the family doctor.**

**Now the difference lies primarily in the greater utilization, the more frequent call for his services. Yet today the patient is getting *much* more for his doctor's devalued dollar — the doctor knows more, gives more in a shorter time, gets the patient well quicker, saves or prolongs life more often — and for all this he is paid less than he was when he couldn't.**

**. . . From a report to the California Medical Assn. in 1950 by ERNEST DICHTER, PH.D.**

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**Be at the Annual Meeting**

**May 13 and 14**

# The RHODE ISLAND MEDICAL JOURNAL

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*106 Francis Street, Providence, Rhode Island*




## DON'T DO IT DOCTOR!

WHILE MANY PHYSICIANS fail to realize how wrong it is to treat the average patient with a common upper respiratory infection with antibiotics, many more, who know better, allow themselves to be pushed into this course of action by the well-known fact that the public demand "scientific, up-to-date" treatment with one of these "wonder drugs" of which they have heard so much. The disastrous result is too well known. The patient with a self-limited febrile disease which, had he stayed at home and not called his doctor at all, would have run its course in four or five days — develops recurrent fever due to a secondary bacterial invader resistant to most or all of the ordinary antibiotics and capable of producing a disease that is not only very serious but often fatal.

At one hospital in Rhode Island eight or ten cases of staphylococcus pneumonia have occurred in recent months and two of these were fatal. In all instances it is believed that the patient received antibiotics before admission to the hospital, because of a febrile condition which was not studied sufficiently by the physician to determine whether or not it was one in which antibiotics are known to be effective. To give such antibiotics to patients just because they have fever, without a leucocyte count or other adequate study to determine the nature of the illness should be considered malpractice. Physicians have even deluded themselves into thinking that because a rapid cure of a respiratory infection has followed the use of antibiotics, it must have been due to the antibiotics — not realizing that the cure would have come about anyway and that the patient was fortunate in not acquiring a "superinfection."

This lesson has been repeated again and again — particularly by those experts who have had the most experience in this field — Finland, Spink, Weinstein and many others. Certainly the average family doctor should know, by now, that the common respiratory infections caused by adeno-viruses, the various strains of influenza, the viruses of common cold, and so forth, are not in the least aided by penicillin, the "broad-spectrum" or other commonly used antibiotics, and that to use them paves the way for the invasion of resistant organisms of which the monococcus pyogenes (staphylococcus) is the worst offender. A simple leucocyte count will usually indicate the type of infection with which one is dealing and sufficient delay to make a reasonably definite diagnosis is certainly advisable unless the patient is really so very ill that the use of antibiotics on the supposition that bacterial infection is present appears justified. There probably was never a time in which iatrogenic disease was more prevalent than at present — and most of it is of the type that we have been discussing. One physician has adopted the clever subterfuge of giving his patients "psycho-mycin" as he calls it (merely a name which he adopts when he uses acetylsalycilic acid). A much better plan, however, is for the family doctor

to explain the facts carefully and simply to his patients who, if he is a physician who has been able to win their confidence, will follow his lead without question.

## MEDICARE'S CHILDREN

Elsewhere in this issue of the JOURNAL will be found a notation regarding new *Medicare Regulations*. Of particular interest is the special attention directed to physicians by the Office of Dependents Medical Care regarding children dependents eligible for free government medical service under the *administrative regulation* of the agency.

Perhaps most doctors have assumed that the children of armed service dependents are those in the younger age group most susceptible to childhood diseases. Not quite so, says the Medicare authorities who conveniently write regulations to interpret the action of Congress to their own advantage. Any *unmarried legitimate child who has not passed his or her twenty-third birthday* and who is enrolled in a full-time course of study in an institution of higher learning, and who depends for over half his or her support upon the family, can get free hospital and physician care under the Medicare program.

Meanwhile Congress is in the process of raising the pay of the officer personnel by 12.9%, and the enlisted men by 9%, but the physician who subscribes to the Medicare plan takes whatever fee the federal bureau offers as full payment.

## 147th ANNUAL MEETING

The committee on arrangements for the 147th annual meeting of the Society has introduced a new arrangement of hours for the scientific lectures that should appeal to all members of the Society.

The Chapin Oration, to be given this year by Doctor Shields Warren of Boston, and one other outstanding lecture, will be presented on the evening of Tuesday, May 13, as the opening program of the two-day session.

On Wednesday, May 14, practically the entire day will be devoted to lectures, with the first of a series of three talks scheduled for 11 A.M., to be followed with a noon break during which luncheon will be served at the Society and physicians may also spend some time visiting the technical exhibits while waiting for the afternoon lectures.

With Doctors McKittrick, Marshak, Greer, White, and our own George Waterman listed for presentations in the afternoon, every doctor is offered a varied array of topics by excellent speakers. Then in the evening the scene will shift to the Sheraton-Biltmore Hotel where the annual dinner will take place, at which United States Senator John O. Pastore will address the members and their wives.

The work that goes into the planning and arrangement for an annual medical meeting such as the Society sponsors is tremendous. Every physician should recognize the effort that is made to provide him with a top-flight postgraduate medical-education program in his own home state, and, recognizing the contribution made in his behalf, support the meeting by attending as many of the lectures as possible.

## WORLD HEALTH

Preoccupied as we are with the daily health problems of our own patients and of the community, we have normally little interest in the medical burdens of the world at large. On April 7, 1958, traditionally designated as World Health Day, was celebrated the Tenth Anniversary of the World Health Organization. It is fitting on this occasion to take stock of the tremendous strides in health control that have taken place during this critical period in world development, and to appraise the outlook for the future.

The most significant event of this decade has been the incredible decline in mortality, most striking in those areas with the highest death rates, namely, Africa and Asia. It can be attributed primarily to improvements in sanitation and disease control. With the birth rate unchanged the result has been a sharp increase in the rate of population growth. The world population, now 2.7 billion, is growing at the astounding rate of 5,000 persons per hour, 120,000 per day or 43 million per year! The shade of Malthus must be stalking the chancelleries of the world.

During this period there has been a dramatic decline in both the extent and severity of pestilences that terrified our forebears. Cholera, typhus, smallpox, relapsing fever and yellow fever are fast disappearing from the face of the earth.

Deaths from infections and parasitic disease are barely one half of what they were at the beginning of this decade. Fewer women die in childbirth and more infants survive. In some countries the maternal mortality has decreased 90 per cent, while the drop in infant mortality has been almost beyond belief.

The eradication of malaria, perhaps the most prevalent of all diseases, is now within sight. Newer techniques of spraying with DDT have been largely responsible. Those areas where an energetic program has been carried out have seen a remarkable reduction in the case rate.

At the same time poliomyelitis, tuberculosis, pneumonia and diphtheria have steadily declined. The World Health Organization deserves a good share of the credit for this great and encouraging progress.

*concluded on next page*

Much still remains to be done in the field of accident prevention, particularly in America and parts of Europe, where accidents have become a major cause of death. With the increasing longevity of the world's peoples, cancer and heart disease are rapidly becoming leading causes of death everywhere, as they have in America since World War II. These are areas which must be explored more vigorously by the World Health Organization in the period ahead.

## LET'S GET IT STRAIGHT

The members of the Allegheny County Medical Society have been somewhat disturbed in recent months over increasing public discussion of certain medical problems. The main object of concern is that problems which are inherently those of the medical professions organizational activities, have become front page news items and have, unfortunately, cast a somewhat bad light on the medical profession in general. Some of the problems discussed have been those on which action has never been taken, but in which there has been honest exchange of ideas between various portions of the Medical Society. Unfortunately, the public has heard these discussions, but never has heard the final outcome of the deliberations. This has caused the Medical Society and the medical profession in general to be the object of concern, suspicion and even derision in the public eye.

The medical profession and public health in general are newsworthy subjects, and all news media regularly cover current information as it is made available. An important problem that is facing the members of the Medical Society is the development of a method of presentation of information to the news media honestly and clearly. In the past, publicity of minor events in medical activities have been magnified beyond their importance by statements on the part of individual physicians, who express their opinion as honestly as their emotions will permit.

It is a matter of importance for the medical profession to keep its house clean. But, certainly, the public airing of problems of interest only to the medical profession will do harm to the profession and create much unnecessary concern and comment. What is needed now is less use of the individual physician's name and the sounding board of their opinions until such time as the problems are fully understood by all sides.

Serious consideration should be given for the appointment of a designated Medical Society spokesman to present the various actions of the Society to the public. Anonymity on the part of the spokesman lends toward the presentation of facts rather than the emotional presentation of the individual's views on the subject. The members of the Medical Society have every reason to expect that the confidences of its organizational activities be respected the same as the activities of any other organization. Where and when the public is entitled to know the facts, these facts should be presented by responsible Medical Society spokesmen so that the information can be given accurately and dispassionately. This is in no way a method to prevent dissemination of information to the public, but rather to keep them well informed as to the actual facts in the various situations which arise.

—GILMORE M. SANES, M.D.

. . . *Reprinted from the* ALLEGHENY (Pa.) MEDICAL BULLETIN

## THE BENEFITS OF ETHER

**Dr. Morton, of Boston, one of the first discoverers, if not indeed the first discoverer of the anaesthetic properties of ether, has been with the army the last week, working and observing in his capacity with all his might. During this time he has, with his own hands, administered ether in over 2000 cases. The Medical Director, when asked yesterday in what operations he required ether to be used, replied, "In every case." Day before yesterday some 300 rebel wounded fell into our hands. Of these, 21 require capital operations. They were placed in a row, a slip of paper pinned to each man's coat collar telling the nature of the operation that had been decided upon. Dr. Morton passes along, and with a towel saturated with ether puts every man beyond consciousness and pain. The operating surgeon follows and rapidly and skilfully amputates a leg or an arm, as the case may be, till the 21 have been subjected to the knife and saw without one twinge or pain. A second surgeon ties up the arteries; a third dresses the wounds. The men are taken to tents near by, and wake up to find themselves cut in two without torture, while a win-row of lopped off members attests the work. The last man had been operated upon before the first wakened. Nothing could be more dramatic, and nothing could more perfectly demonstrate the value of anaesthetics. Besides, men fight better when they know that torture does not follow a wound, and numberless lives are saved that the shock of the knife would lose to their friends and the country.**

From: *Daily Evening News,* Fall River, Mass.
Monday, May 23, 1864

# DISTRICT MEDICAL SOCIETY MEETINGS

## PAWTUCKET MEDICAL ASSOCIATION

The Pawtucket Medical Association held a dinner-business meeting at the Lindsey Tavern, Thursday evening, January 16, 1958. Twenty-seven members were in attendance. Minutes were read and approved. Communications were summarized concerning: 1. Encouragement of nonmembers of the state Society to become members thereof. 2. The fact of our entitlement to five delegates to the House of Delegates of the state Society by reason of 91 members concurrently in our local and state Society. 3. Dr. Waterman's request that local medical societies defer to the state Society someone as the spokesman for the medical profession regarding the proposed Forand Medical Care Bill at Washington.

There were no committee reports.

There was no old business.

*Under New Business:* Dr. Alexander Jaworski spoke at some length regarding prepaid medical care plans and urged greater interest in the future regulation of such plans locally by all of us, and by medical, general practice, and pediatric men. After this, there was considerable discussion by a number of speakers, but no specific action was taken.

Doctor Sargent presented a discussion of insurance against malpractice and personal liability and was aided by Attorney Charles Williamson, a member of the firm retained as counsel by the State Medical Society.

Following a question period, the meeting was adjourned.

* * *

The dinner-business meeting of the Pawtucket Medical Association was held at 7:30 P.M., February 27, 1958, at the Lindsey Tavern. The attendance was 33.

The minutes of the previous month's meeting were called for by Doctor Gaudet, read, and approved. The application of Dr. Usewolod Andrew Jaworski for active membership was given first reading and referred to the Standing Committee.

Communications were reported to the Society and actions taken thereon, as follows: The letter from the secretary of the State Medical Society informing us that the Council of the state Society desires that any district society wishing to submit a nominee for "Rhode Island Doctor of the Year" for 1958 make such proposal to the Society on or before March 20, 1958. Dr. Arthur W. King of Adamsville had received endorsement by the Newport County Medical Society. It was moved by Dr. Robert Riemer, seconded, and unanimously voted that the Pawtucket Medical Association endorses and submits as a nominee for this honor, Dr. Earl J. Mathewson. The secretary was instructed to so notify the Council of the Rhode Island Medical Society.

A letter had been received from the secretary of the Rhode Island Medical Society Physicians Service asking whether we wish to make changes in our Liaison Committee with that organization. It was moved, seconded, and passed that our committee for Liaison with the Rhode Island Medical Society Physicians Service be changed from Charles L. Farrell, M.D., Robert T. Henry, M.D., Earl J. Mara, M.D.; by the substitution of Dr. Robert C. Hayes' name for that of Doctor Henry. The secretary was instructed to so notify Physicians Service.

The State Society executive secretary had sent an advance copy of the Federal Income Tax Guide for Physicians which is to be published in the future in the AMERICAN MEDICAL ASSOCIATION JOURNAL. It was agreed to place the aforementioned tax guide for physicians in the library of the Memorial Hospital staff for use by those who care to avail themselves of it.

The report of the Committee on Public Laws was received; and finally, a letter was received from Dr. John J. Cunningham reporting that on January 26, 1958, fourteen members of the society met informally to discuss the many influences that affect the practice of medicine locally, and appointed a committee of five for the purpose of studying the various prepaid sickness and accident insurance programs. The Committee is as follows: Dr. A. Jaworski, chairman; Doctor Cunningham, secretary; Doctors Fortin, Hayes, and Horan. They requested that this committee have the endorsement of the Medical Society.

Doctor Gaudet announced that there would be a meeting of the Nominating Committee on Wednesday noon, March 27, at the Memorial Hospital Nurses' Auditorium. The Nominating Committee is as follows: Doctors Zolmian, R. T. Stevens, Cunningham and Ruggles. The next evening dinner meeting will be for members and their wives

and other guests. He also announced that the committee arranging the annual program would be under the direction of Dr. E. Gaudet and persons of his choice.

A suggestion was made that the president be allowed to call a regular meeting of the Pawtucket Medical Association at any time to be able to instruct delegates before they meet. The suggestion was moved by Doctor Hayes, and seconded by Doctor Paull, and then was referred to the Standing Committee.

The meeting was formally adjourned and followed by a very excellent presentation regarding the proposed revision of rates and benefits to be offered by Physicians Service and of other prepaid medical care plans. Doctors Hayes and Alexander Jaworski presented pertinent factors with the use of slides. Doctor Jaworski pointed out that of the dollars paid to the M.D.'s by the Physicians Service in Rhode Island, about 9 per cent has formerly gone to the nonsurgical practitioners, and some 70 per cent to the surgical practitioners; and that under the new plan being considered, the surgeons would continue to get about the same amount, and there would be a slight increase in the nonsurgical payments percentage. It was pointed out that some of the obstetricians received large amounts from the plan also. The General Electric Plan and other plans, the need of care for those over 65, and the potentialities of the voluntary program were considered. After much discussion, the groups separated with no definite action having been taken regarding Doctor Jaworski's committee being endorsed by the Society.

Respectfully submitted,

DAVID W. RUGGLES, M.D., *Secretary*

## PROVIDENCE MEDICAL ASSOCIATION

A regular meeting of the Providence Medical Association was held at the Medical Library on Monday, February 3, 1958. The meeting was called to order by the president, Doctor Joseph G. McWilliams, at 8:30 P.M.

### *Minutes of Previous Meeting*

The minutes of the previous meeting of the Association were not read. The president stated that they would be published in the RHODE ISLAND MEDICAL JOURNAL.

### *Hospital Program*

Doctor DiMaio, secretary, reported on the Program of Conferences to be held by Doctor Johnson McGuire, Physician-in-Chief, *pro tempore*, at the Department of Medicine, Rhode Island Hospital, February 3, 4, and 5. He announced that all physicians interested in attending the conferences would be welcome.

*continued on next page*

### *Report of Committee*

The president announced that the committee of Doctors Frank Fratantuono and Albert H. Jackvony had submitted a tribute for the Association to the late Doctor Antonio Bellino.

### *Presentation of Membership Certificates*

Doctor McWilliams presented membership certificates to physicians present who had been elected to active membership at the January meeting of the Association.

### *Scientific Program*

Doctor McWilliams announced that the scientific program would be a panel discussion on diabetes. He called upon Doctor Louis I. Kramer, Chief of Medicine, Charles V. Chapin Hospital; Consultant, Departments of Medicine, Rhode Island and Miriam hospitals, to serve as moderator.

After a brief introduction of the subject, Doctor Kramer introduced Doctor Samuel B. Beaser, Chief, Diabetic Clinic, Beth Israel Hospital, who spoke on *Current Status of Oral Hypoglycemic Agents.*

Doctor Beaser's talk was mainly concerned with the use of Orinase (tolbutamide) in diabetes mellitus. He pointed out that $B_2$55 is about as effective as Orinase but is more toxic.

Orinase is a very effective hypoglycemic agent which is rapidly destroyed and excreted by the body. The exact mode of action is not known. It is well known, however, that a portion of the pancreas must be present for the drug to work.

Orinase works more effectively in diabetics who are over forty years of age and who require on the average of less than 35 Units of Insulin for control.

The usual dosage is 1 to 2 tablets two times daily. Insulin is slowly withdrawn while the number of tablets is increased to meet the requirements.

Orinase is best tolerated after meals and is contraindicated in patients with peptic ulcer.

The second formal presentation was by Doctor Luke Gillespie of Boston, Associate, Department of Gynecology and Obstetrics, Harvard Medical School, who spoke on the subject of *Management of Diabetes in Pregnancy.*

At the outset of his speech, Doctor Gillespie listed the main objectives in the treatment of diabetes in pregnancy: 1. To carry diabetic through her pregnancy and for 20 additional years; 2. To prevent development or acceleration of vascular disease; 3. To increase fetal salvage; and 4. To prevent the development of diabetes in children of diabetics.

He said that approximately 23% of infants of diabetic mothers and fathers will develop diabetes by maturity.

Special consideration in the management of pregnant diabetics were listed as follows: 1. Classification of pregnant diabetics; 2. Rigid control; 3. Diet; 4. Prevention of edema and hydramnios; 5. Female sex hormone treatment; 6. Timing of delivery; 7. Type of delivery; 8. Special care of the newborn; and 9. Yearly physical check of newborn.

All diabetics who are pregnant are kept on a salt poor diet, Diamox (now Diuril), and ammonium chloride, all in an attempt to keep weight down; to keep edema down to a minimum.

The speaker advised the elimination of the last three weeks of the pregnancy if possible — deliver no later than the 37th week. Doctor Gillespie pointed out that 50% of the patients require Caesarean section and 50% are delivered pelvically.

All pregnant diabetics should be treated with daily intramuscular injections of Stilbesterol and Prolutin as soon as possible after start of pregnancy.

The advantages of female sex hormone treatments were listed as follows: 1. To lessen percentage of spontaneous abortions and premature births; 2. To lessen incidence of hydromnios; 3. To decrease incidence of toxemias; 4. To decrease incidence of intrauterine deaths; 5. To increase fetal salvage; 6. To lessen weight of babies; 7. To decrease progression of vascular disease in mothers; and 8. To improve diabetes in mother.

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## PROVIDENCE MEDICAL ASSOCIATION

*concluded from page 212*

In a series of 313 pregnant diabetics of all degrees, 87% was salvaged.

Very few pregnancies are interrupted unless renal failure develops.

Following the presentations there was general discussion of the subject with audience participation.

### *Adjournment*

The meeting was adjourned at 10:15 P.M.
Collation was served.
Attendance was 96.

* * *

A meeting of the Providence Medical Association was held at the Rhode Island Medical Society Library on Monday, March 3, 1958. The meeting was called to order by the president, Doctor Joseph G. McWilliams, at 8:30 P.M.

### *Minutes of Previous Meeting*

The minutes of the previous meeting were not read. Doctor McWilliams reported that these minutes would be published in the RHODE ISLAND MEDICAL JOURNAL.

### *Report of the Secretary*

Doctor Michael DiMaio announced that the Committee on Entertainment planned to have the annual dinner of the Association and the Annual Golf Tournament on Wednesday, June 4, at the Wannamoisett Country Club in Rumford.

### *Application for Membership*

Doctor DiMaio reported that the Executive Committee recommended for election to active membership in the Association Doctor Normand E. Gauvin.

It was moved, seconded, and passed that Doctor Gauvin be elected an active member of the Association.

### *Scientific Program*

Doctor McWilliams introduced as the first guest speaker, Doctor Vincent J. Oddo, former Chief of Urology, St. Joseph's and Charles V. Chapin hospitals; Consulting Urologist, St. Joseph's Hospital, who spoke on *Prostatic Hemorrhage and a New Hemostatic Catheter.*

The catheter was designed in an attempt to lessen bleeding following prostatectomy and to shorten convalescence. He demonstrated the catheter by use of a plastic model. The speaker emphasized the point that the new catheter obviated the need for tension on the catheter as was necessary with the old-style catheter.

The second speaker was Mr. Eugene T. Lothgren, general agent, Northwestern Mutual Life Insurance Company, whose topic was *Tax Savings in Estate Planning for Physicians.*

Mr. Lothgren's talk precipitated many interesting questions from the floor. It was a very profitable talk, indeed.

### *Adjournment*

The meeting adjourned at 10:15 P.M.
Attendance was 78.
Collation was served.

Respectfully submitted,
MICHAEL DIMAIO, M.D., *Secretary*

# *Rhode Island Medical Society*
# *Physicians Service*

## OFFICERS—1958

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EARL J. MARA, M. D. . . . . *Vice President*
ERNEST K. LANDSTEINER, M. D. . . . . *Secretary*
JAMES R. DONNELLY . . . . . *Treasurer*

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*Executive Secretary:* JOHN E. FARRELL, SC. D.

ADMINISTRATIVE OFFICE: 31 Canal Street, Providence 2, R. I.
*Executive Director:* STANLEY H. SAUNDERS

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# RHODE ISLAND MEDICAL SOCIETY PHYSICIANS SERVICE

## *Report of the Ninth Annual Meeting of the Corporation, January 29, 1958*

THE NINTH ANNUAL MEETING of the Corporation of the Rhode Island Medical Society Physicians Service was held at the Rhode Island Medical Society Library on Wednesday, January 29, 1958.

The meeting was called to order by the president, Doctor Charles J. Ashworth, at 8:35 P.M. The following members of the Corporation were in attendance:

| | |
|---|---|
| Charles J. Ashworth, M.D. | Russell P. Hager, M.D. |
| Irving A. Beck, M. D. | John C. Ham, M.D. |
| Joseph A. Bliss, M.D. | Robert C. Hayes, M.D. |
| Henry Brownell, M.D. | Joseph A. Hindle, M.D. |
| Alex M. Burgess, Jr., M.D. | Walter S. Jones, M.D. |
| Bertram Buxton, Jr., M.D. | Earl F. Kelly, M.D. |
| Wilfred I. Carney, M.D. | Ernest K. Landsteiner, M.D. |
| Francis I. Chafee, M.D. | James McGrath, M.D. |
| William B. Cohen, M.D. | Joseph G. McWilliams, M.D. |
| Harry E. Darrah, M.D. | William S. Nerone, M.D. |
| John A. Dillon, M.D. | Francis W. Nevitt, M.D. |
| Michael DiMaio, M.D. | Thomas Perry, Jr., M.D. |
| Peter C. Erinakes, M.D. | Arnold Porter, M.D. |
| Samuel Farago, M.D. | William A. Reid, M.D. |
| Charles L. Farrell, M.D. | Louis A. Sage, M.D. |
| William J. H. Fischer, M.D. | Francis B. Sargent, M.D. |
| Ulysse Forget, M.D. | William J. Schwab, M.D. |
| Frank D. Fratantuono, M.D. | Charles A. Serbst, M.D. |
| J. Merrill Gibson, M.D. | James J. Sheridan, M.D. |
| John F. W. Gilman, M.D. | Stanley D. Simon, M.D. |
| Seebert J. Goldowsky, M.D. | George W. Waterman, M.D. |
| Stanley Grzebien, M.D. | Harold Woodcome, M.D. |
| Edmund T. Hackman, M.D. | Hrad Zolmian, M.D. |

Also in attendance were Mr. Stanley Saunders, executive director; Mr. Edgar Clapp, associate executive director; Mr. Arthur L. Hanley, enrollment director; Mr. J. Lewis Eddy and Mr. George Peterson, of the Claims Department; and Mr. John E. Farrell, executive secretary. Several physicians, non-members of the Corporation, were also in attendance at the meeting.

### *Address of the President*

Doctor Charles J. Ashworth, president, read his annual report which is made part of the official minutes of the meeting.

### *Annual Report of the Secretary*

Doctor Ernest K. Landsteiner, secretary, read his annual report, copy of which was submitted to each member of the Corporation and copy of which is made part of the official minutes of the meeting.

*Action:* It was moved that the annual report of the secretary be received and placed on file. The motion was seconded and adopted.

### *Annual Report of the Treasurer*

Doctor Orland F. Smith, treasurer, read his annual report, copy of which was submitted to each member of the Corporation and copy of which is made part of the official minutes of the meeting. It was moved that the annual report of the treasurer be received and placed on file. The motion was seconded and adopted.

### *Election of Members to the Board of Directors*

The president reported that the House of Delegates of the Rhode Island Medical Society had nominated to serve for three-year terms until the annual meeting of the Corporation in 1961 the following physicians:

Frederick Eckel, M.D. (Westerly)
Henri E. Gauthier, M.D. (Woonsocket)
Charles L. Farrell, M.D. (Pawtucket)
Frank Logler, M.D. (Newport)

*Action:* It was moved that the physicians nominated by the House of Delegates of the Rhode Island Medical Society to be directors of the Corporation be declared elected. The motion was seconded and adopted.

### *Report on a Suggested Extended Benefits Plan*

Doctor Charles L. Farrell, chairman of a special Committee to study the problem of providing extended benefits toward the cost of hospitalization and medical service, reported for his committee at the request of the Board of Directors of Physicians Service. He utilized lantern slides to further illustrate his explanation and he discussed in detail the problems of the committee in its attempt to find a possible plan to provide additional protection for major illness beyond the limits of the present basic coverage of the plans. A mimeographed report of a suggested approach to the problem was submitted to the members of the Corporation for their consideration.

*Action:* A motion was made that the Corporation express its appreciation to the subcommittee of the Board of Directors for its work in exploring pos-

*continued on page 218*

# ACHROCIDIN*

TETRACYCLINE-ANTIHISTAMINE-ANALGESIC COMPOUND LEDERLE

*A versatile, well-balanced formula capable of modifying the course of common upper respiratory infections . . . particularly valuable during respiratory epidemics; when bacterial complications are likely; when patient's history is positive for recurrent otitis, pulmonary, nephritic, or rheumatic involvement.*

Adult dosage for ACHROCIDIN Tablets and new caffeine-free ACHROCIDIN Syrup is two tablets or teaspoonfuls of syrup three or four times daily. Dosage for children according to weight and age.

*Available on prescription only.*

**TABLETS** *(sugar coated) Each Tablet contains:*

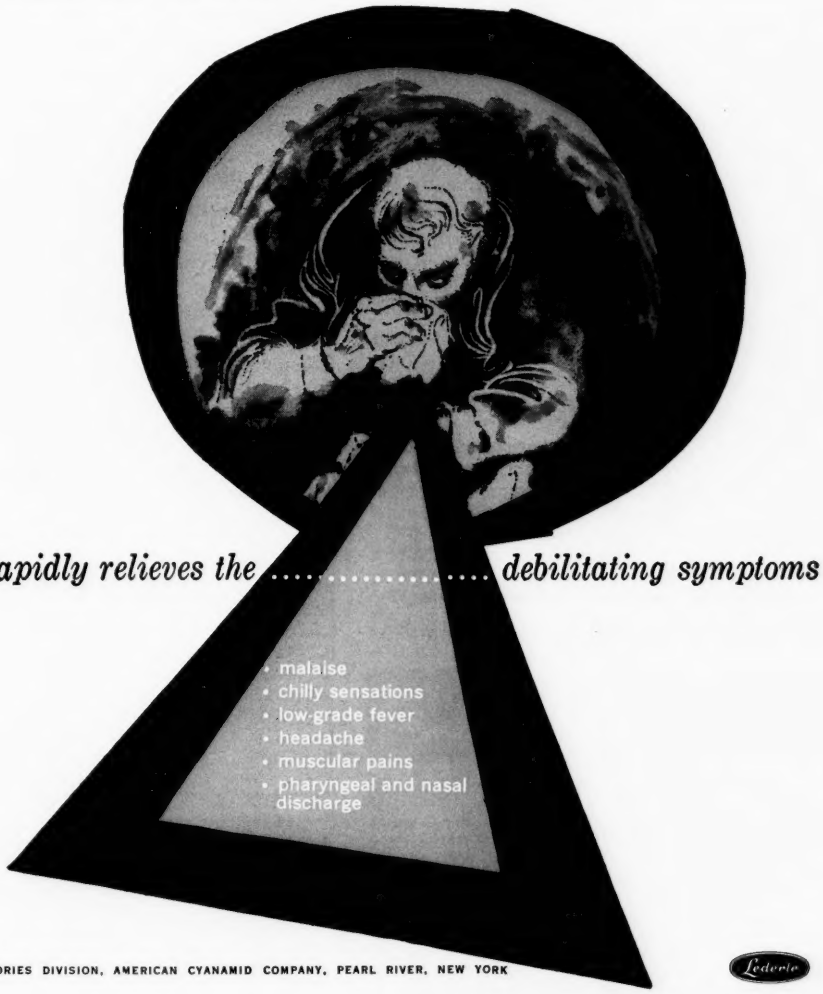
| | |
|---|---|
| ACHROMYCIN® Tetracycline | 125 mg. |
| Phenacetin | 120 mg. |
| Caffeine | 30 mg. |
| Salicylamide | 150 mg. |
| Chlorothen Citrate | 25 mg. |

*Bottles of 24 and 100.*

**SYRUP** *(lemon-lime flavored) Each teaspoonful (5 cc.) contains:*

| | |
|---|---|
| ACHROMYCIN® Tetracycline equivalent to tetracycline HCl | 125 mg. |
| Phenacetin | 120 mg. |
| Salicylamide | 150 mg. |
| Ascorbic Acid (C) | 25 mg. |
| Pyrilamine Maleate | 15 mg. |
| Methylparaben | 4 mg. |
| Propylparaben | 1 mg. |

*Bottle of 4 oz.*

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## PHYSICIANS SERVICE CORPORATION

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sible approaches for an extended benefits program towards the expense of hospitalization and medical services, and further that it refer the committee's report to the House of Delegates of the Rhode Island Medical Society for further study by a committee of the House named by the president of the Society, and further that such committee be requested to report to the House of Delegates within ninety (90) days. The motion was seconded and adopted.

### *Adjournment*

The meeting of the Corporation was adjourned at 10:05 p.m.

Respectfully submitted,
ERNEST K. LANDSTEINER, M.D., *Secretary*

### *Annual Report of the Secretary*

At the annual meeting of the Board of Directors of the Corporation the following officers were elected:

Charles J. Ashworth, M.D. ..... *President*
Earl J. Mara, M.D. ..... *Vice President*
Orland F. Smith, M.D. ..... *Treasurer*
Ernest K. Landsteiner, M.D. ..... *Secretary*

The Board elected as its representatives of the public the following:

Messrs. Walter F. Farrell, James R. Donnelly, John J. Halloran, and George R. Ramsbottom, and it also elected as public representatives and representatives of the Hospital Service Corporation, Messrs. Felix A. Mirando and Chelcie C. Bosland.

During the year the Board of Directors held five meetings and the Executive Committee also held five meetings. Four standing committees were named, and all were very active during the year, as were special appointed committees named for specific study programs by the president with approval of the Board.

The year has been an extremely busy one for the Board in view of the rapid growth of the program, the extension of benefits, and the detailed studies involved in determining possible expansion of benefits. Contract revisions, determination of special procedures and ancillary services as presented by the Claims Committee, proposals for coverage to include other than physicians' services, legal problems, the development of a special supplemental contract jointly with Blue Cross, investments, rate evaluations, and studies of major medical expense coverage—all have demanded much time and work by your directors.

As evidence of the continuous development of the Physicians Service Program the attached summary comparison of statistics for the years 1956 and 1957 is made part of this report.

Respectfully submitted,
ERNEST K. LANDSTEINER, M.D., *Secretary*

### *Annual Report of the Treasurer*

The year 1957 completed the eighth full year since the beginning of the Medical Society's Voluntary prepayment medical care plan and was no exception to our experience in the previous seven years. The total number of subscribers increased by 2,566 during the year, for a grand total of 505,313 who paid $6,569,532.16 in subscription costs. With

***Rhode Island Medical Society Physicians Service***
***Comparison of Statistics — Years 1956 and 1957***

| | *1956* | *1957* | *Increase or (Decrease)* |
|---|---|---|---|
| Subscribers | 502,747 | 505,313 | 2,566 |
| No. of Firms Buying Physicians Service | 803 | 1,090 | 287 |
| No. of Participating Physicians | 883 | 915 | 32 |
| Total of Claims Paid | $5,587,950 | $5,796,851 | $208,901 |
| Total of Claims Paid Since Start of Plan | $20,750,523 | $26,547,374 | $5,796,851 |
| Total Assets | $2,742,285 | $3,266,901 | $524,616 |
| Total Income | $6,341,009 | $6,632,356 | $291,347 |
| Total Reserves | $1,117,618 | $1,592,957 | $475,339 |
| Operating Expenses | $323,580 | $335,949 | $12,369 |
| Operating Expense — % | 5.1% | 5.1% | ..... |
| Ratio of Claims to Income | 88.2% | 87.4% | (.8%) |
| *Number of Cases Paid:* | | | |
| *Surgeons | 73,185 | 79,554 | 6,369 |
| *Assistants | 12,659 | 12,934 | 275 |
| *Anesthetists | 26,978 | 26,873 | (105) |
| Medical | 12,033 | 13,756 | 1,723 |
| X ray and E.K.G. | 75,112 | 81,529 | 6,417 |
| TOTAL | 199,967 | 214,646 | 14,679 |
| *Maternity Cases (included in above) | 10,633 | 10,958 | 325 |

a small percentage of income from invested funds, our total income was $6,632,356.70.

Of this amount, a total of $5,792,704.79 was expended in the payment of Surgical-Medical claims for professional service rendered to our subscribers.

Operating expenses remained stationary at 5.1% for a total of $335,949.76 or $10,599.48 more than 1956. This increase in cost for processing 2,566 more subscribers represents a drop in expense of about 75% over a year ago and may indicate that operating expenses may go lower a year hence.

Total reserves increased by $499,555.80 for the largest single annual experience and now stand at $1,592,957.48.

Investments increased by $300,000 and now stand at $2,332,561.64.

Accrual accounts for unpaid surgical-medical and maternity decreased by $7,756.00 to $937,698.00.

A breakdown of the balance sheet shows funds to have been dispersed from the total income of $6,632,356.70 as follows:

| | |
|---|---|
| Surgeons | $3,595,870.38 |
| Assistants | 250,340.00 |
| Anesthetists | 492,580.80 |
| Medical | 630,525.71 |
| | $4,969,316.89 |
| Less accrual of | 24,977.00 |
| | $4,944,339.89 |
| X ray and E.K.G. net | 848,364.90 |
| Total paid to physicians | $5,792,704.79 |

Respectfully submitted,

ORLAND F. SMITH, M.D., *Treasurer*



**CHECK THE DATES . . MAY 13 and 14**

**Annual Meeting**

***of the***

**Rhode Island Medical Society**

# THROUGH . . .  the Microscope

### *Chapin Hospital Study Committee Appointed*

A committee has been appointed by the president of the Rhode Island Medical Society to investigate and report on all aspects of the Charles V. Chapin Hospital in co-operation with a Providence citizens' committee constituted for the same purpose. Members of this joint committee are: Hannibal Hamlin, M.D., *Chairman*, Maurice Adelman, M.D., Russell P. Hager, M.D., Albert Gaudet, M.D., Joseph G. McWilliams, M.D., Vera Behrendt, M.D., Mr. William H. Edwards, Mrs. John Langdon, Mrs. Lewis N. Madeira, and Mr. Benjamin R. Sturges.

The Committee is in accord that the future development and proper utilization of the services of the Charles V. Chapin Hospital is of vital importance to the health and welfare of the community of the City of Providence and the State of Rhode Island.

The Committee has enlisted the assistance of Doctor Theodore H. Ingalls, associate professor of epidemiology at the Harvard School of Public Health, who will become professor of epidemiology and preventive medicine at the University of Pennsylvania School of Medicine on July 1, 1958. He has consented to undertake an impartial evaluation of the current and probable future status of communicable diseases in Rhode Island with regard to the role of Charles V. Chapin Hospital; and he will advise the Committee generally in the performance of its task. The cost of this work is to be supported by a grant from the Rhode Island Foundation. It is expected that Doctor Ingalls will obtain such consultive aid as he may require from sources of his choice.

The Committee will devote major consideration to the possible development of facilities offered by Charles V. Chapin Hospital to meet unfilled needs in mental health, diseases of the aged, and the care of handicapped or mentally retarded children, a field in which Doctor Ingalls has an international reputation.

The Committee aims to make its report to the Rhode Island Medical Society by June 1, 1958.

### *A.M.A. to Publish Tabloid Newspaper*

Members of the American Medical Association will soon receive bimonthly a new A.M.A. publication that should go far towards informing each physician of important medical-economic and medical-sociological problems throughout the nation. Through this new A.M.A. NEWS, to be written as a sixteen-page tabloid with a newspaper format, physicians will get firsthand information on actual news stories of medical issues in the forty-eight states. The first issue will be distributed at the time of the annual session in San Francisco late in June, and subsequently regular mailings will reach every member.

### *New Mead Johnson and Co., Trade-mark*

In case you are wondering about the new trademark which is seen on all Mead Johnson and Company's advertising, literature, packaging, etc. — a flame in a square — it symbolizes growth and progress in a framework of stability and dependability. The new mark is the focal point of a new corporate identity program to standardize all aspects of the Company's communications with the medical and allied professions and the public.

### *Half of U.S. and Canadian Hospitals Accredited*

The most recent BULLETIN OF THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS (of which Doctor Alex M. Burgess, Sr., of Providence is vice-chairman) reports that of the estimated 7,000 hospitals in the United States and Canada eligible for accreditation only 55.1% are accredited. In the five years since 1952 when the Commission started its work the number of United States hospitals accredited has risen from 3,085 to 3,525.

### *Maryland Radiologists Disagree with Blue Cross*

When a request for a 22% rate increase was presented to the Maryland Insurance Commission in January, Maryland radiologists opposed the request as "unjustified." Root of the problem apparently lies in the fact that radiological benefits are sold as part of Blue Cross services, and not as medical services under the Blue Shield program. The radiolo-

gists complained that based on their experience and observations probably 33⅓% of the hospital admissions paid for by Blue Cross are made for the purpose of exploratory diagnoses which could be done in the office of the practicing radiologists at a lower cost.

### *Census Bureau Releases Statistics*

The Bureau of the Census has just released its detailed estimates of total U.S. population as of July 1, 1957, by age, color, and sex. Since the 1950 census, total population increased by 20 million (13.3%) to 171.2 million. Persons 65 and over, however, increased by 21% (more than 2.5 million) to a total of more than 14.7 million.

Those in the 45 to 64 age group increased at a rate slightly less than the total population, while the 18 to 24 group showed an actual decrease of 4.7%. As expected, the 5- to 13-year-olds (the post-war babies) showed the biggest gain, 35.5% (7.9 million) to a current total of more than 30 million.

The more rapid increase in longevity among women was again demonstrated as the 65 and over group showed an increase to 118 women per 100 men.

### *Trends in Diabetes Control*

Comments on the substantial progress in recent years toward the control of diabetes mellitus, the Health Information Foundation recently noted that this chronic disease remains a major health problem in the country. "Diabetes is today largely a disease of middle and old age," the report states, "and its importance has grown as medical advances have added to life expectancy, thus creating an ever-enlarging group of persons with increased susceptibility." Although more people currently have the disease, their mortality is lower and their life expectancy markedly greater. Early detection and treatment still remain basic ways to control the disease.

### *Helping Hands for Julie*

The A.M.A. and the American Hospital Association are jointly sponsoring a health career film under this title that will be available to county medical societies for non-theatrical showings by July 1. The film will have its previewing during National Hospital Week, May 11-17, for the exclusive purpose of advance showings to vocational guidance counselors.

Designed to appeal especially to junior high and early high school students, *Helping Hands for Julie* is a story of a child's hospitalization and of the variety of personnel involved in her care.

### *Custodial Care Under Hill-Burton Law?*

Representative John Fogarty, chairman of the House Appropriations subcommittee on the De-

*continued on next page*

partment of Health, Education and Welfare budget, would like to see the Hill-Burton hospital construction law provide also for the building of custodial facilities for the aged. He would also favor enlarging the staffs of H.E.W. and the Labor Department that deal with problems of the aged. These views were expressed during Congressman Fogarty's appearance before a House Education and Labor committee.

***Insurance Industry Reports on Health Coverages***

Benefit payments by insurance companies to Americans protected by health insurance policies amounted to a record 2.5 billion dollars in 1957, the Health Insurance Institute reported today. This figure, the Institute said, represents a 16.1% increase in benefit payments over the 2.1 billion dollars paid in 1956.

Latest figures supplied by the U.S. Department of Labor in its 1957 Consumer Price Index showed that medical care costs during the year rose by 4%.

The Institute report is based upon a survey of the nation's insurance companies writing policies which help pay for doctor and hospital bills and for loss of income incurred as a result of accident or sickness.

The survey revealed that reimbursements through group insurance plans in force during the year totaled 1.8 billion dollars, or 21.3% over 1956, while payments through individual and family type policies amounted to 619 million dollars, a rise of 3% over the previous year.

Payments to policyholders covered under hospital expense insurance policies, the Institute further reported in listing the figures by type of service, amounted to over 1 billion dollars, with 778 million dollars paid under group policies and 224 million dollars paid by insurance companies to individual policyholders.

Reimbursements to defray the cost of surgeons' fees totaled 398 million dollars, with 322 million dollars received by holders of policies under group plans, and 76 million dollars paid to persons covered by individual surgical expense insurance policies.

Persons covered for non-surgical medical care and treatment through regular medical expense insurance policies received a total of 71 million dollars during the year. Group policyholders received 61 million dollars, while those covered by individual policies were paid 10 million dollars.

Benefit payments to those protected against the cost of serious, or catastrophic illness or accident through major medical expense insurance policies, including supplemental and non-supplemental coverage to the basic health cost plans, amounted to 130 million dollars. Group plan payments totaled 126 million dollars, while individual contract benefits came to 4 million dollars. Of particular note, added the Institute, is the fact that payments in 1957 through major medical policies, the fastest-growing form of health insurance, increased by 100% over the year 1956.

In concluding its report of payments for health care by the insurance companies throughout the United States, the Institute stated that the increase in such payments reflects the continued efforts of the public to pay its doctor and hospital bills through the voluntary nongovernmental mechanism.

The Health Insurance Institute is the central source of information for the nation's insurance companies serving the public through voluntary health insurance.

***Cancer Society's Spring Crusade***

The American Cancer Society's annual Spring Crusade is the climax of its year-round attack on cancer through research, professional and lay education, and service to the stricken. A study of the cancer scoreboard indicates that steady progress is being made. More and more lives are being saved. Progress encourages more progress.

Earlier diagnosis, new methods of treatment and a greater public awareness have contributed to this progress. It is often said that the life of the cancer patient is in the hands of the first physician he consults. The Society, therefore, conducts a broad professional education program, making available to

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## THROUGH THE MICROSCOPE

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doctors, through literature, films, exhibits, and other materials, information on the latest advances in detection, diagnosis and treatment.

As the Society aids the doctor, so does its large corps of volunteers aid the cancer patient with dressings, transportation, home care, medication and a host of other vitally needed services.

### *Trudeau School of Tuberculosis Schedule for June*

The Trudeau School of Tuberculosis and Other Pulmonary Diseases, which will hold its Forty-third Session from June 2nd to 20th, 1958, continues to provide a unique opportunity for training in the field of chest diseases. This annual post-graduate course, conducted under the auspices of the Trudeau Foundation and supported by the Hyde Foundation, is able to provide outstanding instruction at a minimal tuition of $100.00 for a three weeks' session. Attendance at the Trudeau School carries with it some distinction as well as a thorough review for specialization in pulmonary diseases or for work in public health involving tuberculosis.

All inquiries should be addressed to the *Secretary*, Trudeau School of Tuberculosis and Other Pulmonary Diseases, Box 500, Saranac Lake, New York.

# MEDICARE REGULATIONS

### *Furnishing of Drugs to Maternity Patients*

1. NOTWITHSTANDING paragraph 6 of O.D.M.C. Letter No. 4-58 or the absence of specific reference in the *Medicare Manual and Schedule of Allowances,* as included in contract restatements and extensions, the provisions of paragraph 4j, O.D.M.C. Letter No. 4-58 relating to the furnishing of drugs to maternity patients will continue in effect until further notice.

2. In other words, the policy of permitting physicians to add to their statements (DA Form 1863) their cost of those drug items which have been directly or indirectly furnished to a maternity patient is continued in effect. (Direct furnishing of drugs is: supplying drugs by the physician's office to the patient; indirect furnishing is: the physician writes a prescription to the patient but has the pharmacy bill him, the physician, for the drugs dispensed.)

3. In order to be considered payable as a "complete" claim, the itemized cost of drugs furnished to maternity patients must be entered on the Claim Form (DA Form 1863) or attached thereto. Minimum itemization must include: the quantity, the nomenclature, and the cost of the drugs.

### *Medicare Children*

One category of dependents eligible for care under the Medicare Program is unmarried legitimate children who have not passed their 23d birthday and are enrolled in a full-time course of study in an institution of higher learning as approved by the Secretary of Defense or the Secretary of Health, Education, and Welfare and are, in fact, dependent upon the member for over one half of their support. (Para 103d(7), Joint Directive)

The institutions of higher learning which are approved as accredited are those currently listed by the regional accrediting associations or national professional association by the U.S. Office of Education, Department of Health, Education, and Welfare. The current reference list is EDUCATION DIRECTORY 1955-56, *Part 3, Higher Education.*

# PROGRAM . . . 147th ANNUAL MEETING

## RHODE ISLAND MEDICAL SOCIETY

*May 13 and 14, 1958* — *At the Rhode Island Medical Society Library*

### TUESDAY, MAY 13

7:00 P.M. REGISTRATION AND TOUR OF TECHNICAL EXHIBITS

8:00 P.M. CALL TO ORDER

*Presiding:* GEORGE W. WATERMAN, M.D., of Providence, Rhode Island
(President, Rhode Island Medical Society)

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8:15 P.M. "CLINICAL AND EXPERIMENTAL HOMOTRANSPLANTATION OF SKIN, KIDNEY, AND BONE MARROW"

JOSEPH MURRAY, M.D., of Boston, Massachusetts
(Associate in Plastic Surgery, Peter Bent Brigham Hospital; Clinical Associate in Surgery, Harvard Medical School; Director of Surgical Research Laboratory, Peter Bent Brigham Hospital and Harvard Medical School)

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9:00 P.M. "THE PREVENTION OF SOMATIC AND GENETIC RADIATION INJURY"

(Charles V. Chapin Oration)

SHIELDS WARREN, M.D., of Boston, Massachusetts
(Professor of Pathology, Harvard Medical School; Pathologist, New England Deaconess Hospital)

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10:00 P.M. ADJOURNMENT. TOUR OF TECHNICAL EXHIBITS

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### WEDNESDAY, MAY 14

10:00 A.M. REGISTRATION AND TOUR OF TECHNICAL EXHIBITS

10:55 A.M. CALL TO ORDER

*Presiding:* STANLEY SPRAGUE, M.D., of Pawtucket, Rhode Island
(Vice President, Rhode Island Medical Society)

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11:00 A.M. "TREATMENT OF FRESH FRACTURES OF NECK OF FEMUR WITH INTRAMEDULLARY STEMMED PROSTHESES"

AMERICO A. SAVASTANO, M.D., of Providence, Rhode Island
(Diplomate, American Board of Orthopedic Surgery; Fellow, American Academy of Orthopedic Surgery; Orthopedic Staff of Rhode Island Hospital, Miriam Hospital, St. Joseph's Hospital, Our Lady of Fatima Hospital; Consulting Orthopedic Surgeon to the University of Rhode Island)

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11:30 A.M. "THE USE OF ADJUNCTIVE SURGERY IN THE RADIOLOGICAL MANAGEMENT OF CERVICAL CANCER"

HENRY J. MCDUFF, JR., M.D., of Providence, Rhode Island
(Chief of Gynecology, Rhode Island Hospital)

12:00 NOON "PERINATAL FACTORS IN CHILD DEVELOPMENT"

GLIDDEN BROOKS, M.D., of Providence, Rhode Island

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12:30-1:55 P.M. INTERMISSION. Buffet luncheon in basement dining room
TOUR OF EXHIBITS

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1:55 P.M. CALL TO ORDER

*Presiding:* GEORGE W. WATERMAN, M.D., of Providence, Rhode Island
(President of the Rhode Island Medical Society)

Recognition of Delegates from State Medical Societies

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2:00 P.M. "SURGICAL PROBLEMS OF THE EXTERNAL BILIARY TRACT"

LELAND MCKITTRICK, M.D., of Boston, Massachusetts
(Clinical Professor of Surgery, Harvard Medical School)

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2:30 P.M. "HIATUS HERNIA AND ESOPHAGITIS"

RICHARD H. MARSHAK, M.D., of New York, New York
(Associate Roentgenologist, Mt. Sinai Hospital; Fellow, American College of Radiology, American Roentgen Ray Society, American Gastroenterology Society; Lecturer in Radiology; Postgraduate Course, Columbia University)

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3:00 P.M. "WHEN SHOULD HEART DISEASE BE COMPENSABLE?"

WILLIAM GREER, M.D., of Boston, Massachusetts
(Assistant Professor of Medicine, Boston University School of Medicine; Associate Visiting Physician, Massachusetts Memorial Hospitals; Associate Member, Robert Dawson Evans Memorial)

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3:30-4:00 P.M. INTERMISSION TO VISIT TECHNICAL EXHIBITS

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4:00 P.M. "NEUROSURGICAL METHODS OF RELIEVING SEVERE CHRONIC PAIN IN THE THORAX AND ABDOMEN"

JAMES WHITE, M.D., of Boston, Massachusetts
(Chief of Neurosurgical Service, Massachusetts General Hospital; Professor of Surgery, Harvard Medical School)

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4:30 P.M. PRESIDENTIAL ADDRESS

GEORGE W. WATERMAN, M.D., of Providence, Rhode Island
(President, Rhode Island Medical Society)

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5:00 P.M. GENERAL SESSION OF THE RHODE ISLAND MEDICAL SOCIETY
(Installation of officers for 1958-1959)

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5:30-6:00 P.M. TOUR OF TECHNICAL EXHIBITS

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**EVENING SESSION**

6:00-7:00 P.M. RECEPTION. Sheraton-Biltmore Hotel
(For members of the Society and guests)

7:00 P.M. ANNUAL DINNER, Sheraton-Biltmore Hotel
Presidential Award to Doctor Waterman

9:00 P.M. ADDRESS

HONORABLE JOHN O. PASTORE
United States Senator, State of Rhode Island

# BOOK REVIEWS

*NEW ENGLAND HOSPITALS, 1790-1833,* by Leonard K. Eaton. University of Michigan Press, Ann Arbor, Michigan, 1957. $6.00

To those interested in the history of American medicine, and particularly to the older physicians of the present day who were educated medically in New England, this book is of great interest.

Although it is an account of the founding of the hospitals of New England, with an explanation of the social circumstances that called them into being and the problems of planning, construction and finance that were involved, the greatest interest, in the judgment of this reviewer, lies in the light it throws on the character and thinking of the people responsible for the founding of these hospitals, and the way they organized and carried on the care of their patients. One can realize as he reads of the medical problems such as the treatment of typhoid, pneumonia, puerperal fever, etc., with which these physicians were forced to cope, that despite their obvious lack of means of effectively controlling such infections, their leaders had the compassion for human suffering and the ambition to alleviate it that mark the good doctor of all periods of history.

It is also of great interest to note the beginnings of teaching and research in hospitals stimulated especially by contact with the great French clinicians Pierre Louis, Andral and others.

The five hospitals founded before 1833, and discussed in this volume are the Massachusetts General and McLane hospitals in the Boston area, the Hartford Retreat, and then later institutions, the New Haven Hospital, the Worcester State Hospital for Mental Disease, and the Boston Lying-In. These institutions are freely compared in a clear and factual manner with similar hospitals which were founded somewhat earlier in New York and Philadelphia as well as others in Europe. The discussions are very completely documented and give evidence of a great deal of devoted research. The author states in the biographical essay at the end of the book that, "This volume is based largely upon unpublished sources . . . institutional and official archives and personal papers."

The light that is thrown on the attitude and thinking of such men as Eli Todd, Rufus Wyman and others, in the care of patients with mental disease is of interest, particularly as one sees in the work of Doctor Todd at the Hartford Retreat the appearance of the modern attitude of compassionate care of the unfortunate people who in those days were known as "lunatics." To physicians medically nurtured in Boston, and particularly to those who attended Harvard Medical School in the early years of this century, the names of James Jackson, John Collins Warren, Nathan Smith, Bigelow and others have long been known and revered.

To a Rhode Islander the reference to Elisha Bartlett's "History, Diagnosis and Treatment of Typhoid and Typhus Fever; with an Essay on the Diagnosis of Bilious Remittent and of Yellow Fever," published in 1842, and Osler's characterization of this publication as "one of the most successful works ever issued from the medical press," there comes an additional thrill.

In the Boston group the record of James Jackson is outstanding, not only as a true physician and humanitarian but also as a pioneer in hospital teaching and research.

The book is very well written and its interest increases progressively from page to page. It brings to the physician of today not only the understanding of the problems in the establishment of these early New England hospitals but also a deep feeling of pride in his medical forebears.

ALEX M. BURGESS, M.D.

*GOEPP'S MEDICAL STATE BOARD QUESTIONS AND ANSWERS* by Harrison F. Flippin, M.D. W. B. Saunders Co., Phil., 1957. $8.00

This is the ninth edition of a distinguished book with fifty years of teaching tradition. In a question and answer form, it gives reliable medical information covering the fields of anatomy, pathology, chemistry and physiology, pharmacology, clinical pathology, medicine, public health and preventive medicine, surgery, obstetrics and gynecology and medical jurisprudence. Recent advancements in diagnostic procedures (PBI, transaminase determinations, etc.), therapeutics (steroids, antimicrobial agents, biochemical control of malignant diseases, new cardiovascular drugs, tranquilizers, etc.), and in surgical techniques (such as cardiovascular surgery) are competently presented and make the book very up to date.

The book is primarily meant for, and has been widely used by, candidates for State Board examinations. It will help definitely to refresh their memories of medical teachings and stop many gaps in their medical knowledge. Whether it will answer all the questions of an examining board, remains to be seen. However, it will certainly provide a sound basis in preparation for a board examination.

Besides being an indispensable aid to examination candidates, this very thorough book is highly recommended also to the practicing physician who wants to keep abreast in the ever growing, various fields of medicine. For him, Goepp's Questions and Answers present the very essentials of proven facts and decisive developments in medicine in a clear-cut, down-to-earth manner. An extensive index will greatly facilitate the usage of this work as a concise reference book.

EARL F. KELLY, M.D.

*DERMATOLOGY*, by Donald M. Pillsbury, M.D., Walter B. Shelley, M.D., and Albert M. Kligman, M.D. Philadelphia: W. B. Saunders, 1956. $20.00

This reviewer has not often encountered a publication so comprehensive in scope, so specific in diagnosis and therapy and so generally useful to students and general practitioners, as well as dermatologists. This book belongs on the shelf of every interested physician. The authors have included the most up-to-date conceptions and practices and have expressed their own ideas without regard for traditional thinking. It is their aim to acquaint students and physicians with the fundamental aspects of skin physiology and its useful applications.

The book is organized in such a manner that the reader can readily find the necessary information. There are five sections: applied basic principles in disease of the skin; basic principles and clinical applications of allergy and hypersensitivity; principles of diagnosis; dermatologic therapy; and cutaneous medicine. Each section is divided into chapters. The 52 chapter headings are clear and concise, including such subjects as pigment formation, keratinization, fundamentals of cutaneous mycology and bacteriology, contact dermatitis of the allergic type, clinical examination and regional diagnosis, topical and systemic therapy, psychocutaneous medicine and industrial dermatoses.

Dermatologic terminology has been simplified, and many older synonyms have been purposely omitted. Fundamental principles are excellently presented, permitting a rational and scientific therapeutic approach to dermatology.

Controversy may arise over that part of the book that deals with X-ray therapy, but this reviewer, in light of his own experience, agrees with the stand taken by the authors.

The text on the common skin conditions is complete and well illustrated. A valuable contribution to the teaching of dermatology has been made by the authors. This text can be highly recommended to the student or dermatologist.

BENCEL L. SCHIFF, M.D.

*THE SPECIALTIES IN GENERAL PRACTICE*, edited by Russell L. Cecil, M.D. and Howard F. Conn, M.D. W. B. Saunders Company, Philadelphia, 1957. $16.00

The second edition of this most useful volume is organized in the same way as the first and written by the same able group of contributors. There are sections on minor surgery, orthopedic surgery, fractures, urology, diseases of anus, rectum and colon, gynecology, obstetrics, pediatrics, eye, ear, nose and throat, dermatology, and psychiatry. Each section tries to define what conditions lie within the scope of the family doctor, and what should be referred, and describes the conditions common to that specialty.

In general, the second edition brings up to date the information about antibiotics, steroids, tranquilizers, and other important drugs. The discussion on burns is revised to include open treatment, and a new method of reducing dislocated shoulders is described. The passages describing diseases remain essentially the same.

This excellent book continues to serve two useful purposes. It is a guide to the general practitioner as to what and how he should handle common conditions in each specialty. It is a convenient ready reference book for every day office use, remarkably complete in its description of diseases in each specialty.

ROBERT W. DREW, M.D.

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*THE CHANGING PATIENT-DOCTOR RELATIONSHIP* by Martin G. Vorhaus, M.D., F.A.C.P.; Drawings by A. Birnbaum. Horizon Press, New York, 1957. $3.95

The author's aim is best characterized by his words in the preface to this impressive work: "There is a great unity of opinion, in our times and in our culture, that many members of the patient group do not find what they are seeking — the fulfillment of their needs — and that many members of the doctor group are frustrated in their attempts to satisfy these needs."

The author first analyzes in a masterly manner, *the patient,* the inner motives and environmental circumstances which made him a sick individual. Similarly, he tries to elucidate the emotional, rational and professional make-up of *the doctor,* focusing on his drives and goals.

It is realized that to cure the patient, he and his doctor have to work out the problems — somatic and emotional — together, in teamwork. The latter requires a perfect rapport between the two. But since there is often a gap between the patient and his physician this must be bridged first. The doctor "must build a bridge across to his patient," a sturdy one, capable of enduring and growing. Then, "the patient must be taught to use it . . . whenever he needs to, at times even before the need arises in order to prevent trouble."

The physician must use his tools properly and efficiently in building his bridge of communication to the patient. His tools, such as: learning; accepting responsibility; becoming adequately articulate; resolving personal sexual conflicts; acquiring sympathy; integrating the patient's attitudes with his illness; striving for personal balance in subjective reactions; and maintaining flexibility in personal adjustment, are dealt with clearly and comprehensively. The artful drawings by Birnbaum accentuate strikingly the scholarly discussions.

The second part of this fine book shows these tools in action in five case histories. Each of the patients had a common medical problem (duodenal ulcer, colitis, hypertension, obesity) with a high incidence of recurrence. In each instance, the author demonstrates in a very convincing manner how his tools achieved first a perfect rapport between him and his patient and then, how teamwork revealed the inner springs of his patients' ailments, how they got insight into their psychosomatic problems and how, by truly artful guidance, the patient himself found the ways and means leading to his cure. These case histories are excellent examples of what psychotherapy can achieve in expert hands. These typical textbook patients, and the effective way they had been taken care of by the author, will certainly convince many readers of the rightness of the author's approach and it will interest and stimulate many a student of our profession to apply these tools to their own patients.

It is agreed that in many instances there is a gap in the patient-doctor relationship and that many a doctor feels frustrated because of his inability to get his point across to the patient. But while the patient-doctor relationship is a universal problem to be faced by *all* practicing physicians, psychosomatic medicine still remains the domain of a limited number of doctors because of lack of special training in this field. Though the psychosomatic approach is definitely successful in bridging the gap between the doctor and his patient, it does not appear, at the present time, the practical, universal answer to a universal problem.

JOHN M. BLEYER, M.D.

*CORTISONE THERAPY.* Mainly Applied to the Rheumatic Diseases by J. H. Glyn, M.D. Philosophical Library, Inc., N.Y., 1957. $10.00

This compact book of one hundred and sixty-two pages expresses in a practical manner the use of cortisone and allied steroids as applied to various diseases. The major portion of this work concerns therapy of the rheumatic diseases.

The first chapter describes the history and background of the use and discovery of cortisone. The second chapter treats the nature and chemical structure of the steroid drugs. Chapter three deals with the pharmacology and side effects of steroid therapy. Chapter four discusses the practical problems attendant in the therapy of rheumatoid arthritis.

Intra-articular steroid therapy is outlined in the fifth chapter. Chapter six describes the use of steroid therapy in diseases other than rheumatoid arthritis. The last chapter records a general discussion of steroids in the field of rheumatology.

This book brings into focus, concisely, clearly, and objectively, the whole field of rheumatology in its relation to steroid therapy and the effect the latter has in revolutionizing the rheumatic illnesses.

For teachers, rheumatologists, and physicians using steroid medication this volume is a most valuable and helpful addition to current reading for it is full of interesting information without unnecessary detail.

WILLIAM J. O'CONNELL, M.D.

*CURRENT THERAPY 1958.* Latest Approved Methods of Treatment for the Practicing Physician. Edited by Howard F. Conn, M.D. W.B. Saunders Co., Phil., 1958. $12.00

This treatise on therapy, together with actual formulae, discusses symptomatology and pathology,

making the work, in place of the usual dry formulary, as the title would imply, a lively all-round medical textbook.

The general practitioner and the specialist alike will profit by keeping this publication within easy reach.

F. RONCHESE, M.D.

**PATRONIZE JOURNAL ADVERTISERS**



**Annual Dinner**

**147th Meeting**
**of the**
**Rhode Island Medical Society**

**WEDNESDAY..... MAY 14**

**Sheraton-Biltmore Hotel... 7:00 P.M.**

**Speaker**

**Honorable John O. Pastore**

***United States Senator, State of Rhode Island***

## ADVERTISERS — APRIL, 1958

**As it celebrates its 147th Annual Meeting this month the Rhode Island Medical Society, the 9th oldest state medical organization in the nation, salutes the advertisers who have supported its JOURNAL since its inauguration in 1918.**